



# Master Report Definitions

*3 of 4*



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## ***Revision History***

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Version 2.0	March 2003	All	Updated new error report created for the PDM processing	Anji Olive
Version 3.0	March 2004	All	Quarterly Updates	Anji Olive
Version 3.0	March 2004	Section	Added new section	Anji Olive



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## Section 17: PBM Reports

### PBM-0310-D PBM Daily Error Report

Functional Area	Report Number	Job Name	Report Title
Systems Department	PBM-0310-D		PBM Daily Error Report

#### Description of Information

This report will list all informational and fatal errors that occurred when loading ACS pharmacy claim data into AIM tables. A brief message explaining each error is indicated on the report. Informational errors will alert the analyst that a non-fatal error occurred that will need to be researched. The claim will continue processing through IndianaAim. A fatal error will need to be researched and corrected. A fatal error will be recycled until the error is corrected.

#### Purpose

The purpose of the PBM Daily Error Report is to provide EDS, ACS and IFSSA with information regarding field edits for transactions that have generated errors for research and/or correction.

#### Sort Sequence

#### Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Daily
ACS	CRLD	1	Daily
IFSSA	CRLD	1	Daily

#### Detailed Field Definitions

TCN	ACS transaction control number.
Member Number	The RID of the member.
Provider Number	The provider number on the claim.
Prescription Number	The prescription number on the claim.
Table/Field in Error	The ACS table name and field name.
Field Content	The contents of the field in error.
Description	The description of the error.
Action Code	The code that identifies an informational or fatal error.
Error Location	The location of the field in error.



REPORT: PBM-0310-D	INDIANAAIM	DATE:
MMDDCCYY		
PROCESS:	PBM Daily Error Report	TIME:
HH:MM:SS		
LOCATION:	PERIOD: CCYYMMDD - CCYYMMDD	PAGE:
99,999		

TCN #: 9999999999999999	RID #: 999999999999	PROVIDER #: 9999999999	PRESCRIPTION #: 9999999999
TABLE/FIELD IN ERROR:		FIELD CONTENT:	
DESCRIPTION:		ACTION TAKEN:	ERROR LOCATION:

TCN #: 9999999999999999	RID #: 999999999999	PROVIDER #: 9999999999	PRESCRIPTION #: 9999999999
TABLE/FIELD IN ERROR:		FIELD CONTENT:	
DESCRIPTION:		ACTION TAKEN:	ERROR LOCATION:

TCN #: 9999999999999999	RID #: 999999999999	PROVIDER #: 9999999999	PRESCRIPTION #: 9999999999
TABLE/FIELD IN ERROR:		FIELD CONTENT:	
DESCRIPTION:		ACTION TAKEN:	ERROR LOCATION:

\*\* END OF REPORT \*\*

\*\* NO DATA THIS RUN \*\*

## Section 18: PRV Reports

### PRV-0001-R Provider Aged Tracking Report

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0001-R	Provider Aged Tracking Report

#### Description of Information

This report contains the status of all provider applications in the Enrollment Tracking System. The report is generated for the specific date range entered. Sort the report by provider name or in sequential request date order. It is generated with an online option and the data is viewed online. This report is not generated from CRLD. Enter the **From** and **To** report date range and the system lists providers and their corresponding application status in alphabetical order.

#### Purpose

Monitors provider enrollment application status activity.

#### Sort Sequence

- *Primary*- Alphabetical by provider name
- *Secondary*- Application request date order

#### Distribution

To	Media Type	Copies	Frequency
EDS	Paper	1	On Request

#### Detailed Field Definitions

Provider Name	Provider applicant's name
ETN	Provider applicant's enrollment tracking number (eventually becomes a provider number if applicant is enrolled)
Status	Current status of application in progress with valid values to include the following: Approved Awaiting additional info Awaiting initial info Denied Enrolled In process at EDS

Request Date	Date the application was requested by the provider
Received Date	Date the application was received for the first time by EDS
RTP Count	Number of times the incomplete application was returned to the provider
RTP Sent Date	Last date the application was returned to the provider and received by EDS
RTP Received Date	Last date the corrected application was returned to EDS



Report: PRV-0001-Q	IndianaAIM	Run Date:	MM/DD/CCYY
Process: xxxxxxxx	Provider Aged Tracking Report	Run Time:	HH:MM:SS
Location: xxxxxxxx	Period MM/DD/YY-MM/DD/YY	Page:	99,999

PROVIDER NAME	ETN	STATUS	REQ DATE	REC DATE	RTP CNT	REQ SENT DATE	RTP REC DATE
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXXX	999999999	XXXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD

XXXXXXXXXXXXXXXXXXXXX	99999999	XXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD
XXXXXXXXXXXXXXXXXXXXX	99999999	XXXXXXXXXXXX	CCYYMMDD	CCYYMMDD	9	CCYYMMDD	CCYYMMDD

\*\*END OF REPORT\*\*

\*\*NO DATA THIS RUN\*\*

## PRV-0010-R Provider Mailing Labels

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0010-R	Provider Mailing Labels

### Description of Information

Use the Provider Mailing Labels Window to generate labels. Access the Provider Mailing Labels Window through the Provider Search Window by choosing Provider Mailing Labels from the drop-down list from **Options** on the menu bar. After choosing this option, the Provider Mailing Labels List window appears. Clicking **New** opens the Provider Mailing Labels Window. Enter the selection criteria for the report using this window.

The valid values for selection criteria are provider type range, provider specialty range (per service location), county range, ZIP code range (per service location), program, Managed Care, and enrollment statuses. The valid values for Managed Care are MCO Enrolled, PCCM Enrolled, and MCO and PCCM Enrolled.

Any combination of the criteria, including all, may be selected. Choose specific criteria within the original criteria. For example, choose the desired provider type range as a criteria and then choose the specialty range within the provider type as a secondary criteria.

In batch process, the IndianaAIM system generates the mailing labels based on the criteria saved. These labels are used for bulletin distribution or other types of special correspondence. The labels are printed with the provider's mail-to address for each service location on the provider's file. The labels are printed in Operations and mailed with the bulletins or special correspondence. The criteria may be viewed and changed online on the Provider Mailing Labels List window.

Several dummy labels are printed at the beginning of the report to allow time to align the printer.

### Purpose

Prints labels for IFSSA or EDS-directed provider mailings

### Sort Sequence

- *Primary* - ZIP code
- *Secondary* - Selected provider type(s) and specialty(s)

### Distribution

To	Media Type	Copies	Frequency
IFSSA/EDS	Mailing Labels	1	On Request

User ID:       XXXXXXXX  
 Requester Name:   XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Date Requested:   MM/DD/CCYY  
 Report Selection Criteria:  
 Provider  
 Type  
 From           99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 To             99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Provider  
 Specialty  
 From           99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 To             99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 County  
 From           99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 To             99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 ZIP Code  
 From           99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 To             99       XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 Program:       XXXX   XXXXXXXXXXXX  
 Managed  
 Care:           XXXX  
 Status:         X  
 Sort            X  
 Order:

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{Provider Number}  
{Provider Name}  
{Provider Address}  
{Provider Address (if applicable)}  
{Provider City, State ZIP}

{Provider Number}  
{Provider Name}  
{Provider Address}  
{Provider Address (if applicable)}  
{Provider City, State ZIP}

{Provider Number}  
{Provider Name}  
{Provider Address}  
{Provider Address (if applicable)}  
{Provider City, State ZIP}

\*\*\* End of Report \*\*\*

## PRV-0011-R Provider Listing By Flexible Criteria

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0011-R	Provider Listing By Flexible Criteria

### Description of Information

Access the Provider Listing Report Window to generate this report. Through the Provider Search Window, choose **Provider List** from the drop-down list under **Options** on the menu bar. The Provider Report List window appears. Click **New** to open the Provider Listing Report Window. Enter the selection criteria for the report using this window.

The valid values for selection criteria are provider type range, provider specialty range (per service location), county, ZIP code (per service location), program, Managed Care, and enrollment status. The valid values for Managed Care are MCO Enrolled, PCCM Enrolled, and MCO and PCCM Enrolled.

Any combination of the criteria, including all, may be selected. The report displays information from each service location on the provider's file that met the criteria selected.

The criteria may be viewed and changed online in the Provider Report List Window. In batch process, IndianaAIM generates reports based on the criteria saved. The reports are printed with the provider's mail-to address for each service location on the provider's file. A page documenting all selection criteria for the provider-listing job also prints.

This report may be viewed through CRLD by entering the date the report was generated in the start date field on the main menu.

### Purpose

Assists IFSSA and EDS in tracking provider activity.

Provides the Provider Enrollment Unit with a report of providers and their current status in IndianaAIM.

### Sort Sequence

- *Primary* - Alphabetically by provider name
- *Secondary* - Numerically by provider number

### Distribution

To	Media Type	Copies	Frequency
IFSSA/EDS	Paper	1	On Request

**Detailed Field Definitions**

Provider Number	Provider's nine-character IHCP identification number plus any service location suffixes
Provider Name	Provider's name
Address 1	First line of provider's mail-to address
Address 2	Second line of provider's mail-to address if applicable
City	Provider's mail-to city
State	Provider's mail-to state
ZIP Code	Provider's mail-to ZIP code



Report: PRV-0011-R      IndianaAIM    Run Date:    MM/DD/YY

Process: xxxxxxxx Provider Listing by Flexible Criteria  
Run Time:    HH:MM

Location: xxxxxxxx      Page    99,999

User ID:      XXXXXXXX

Requester Name:    XXXXXXXXXXXXXXXXXXXX

Date Requested:    MM/DD/CCYY

Report Selection Criteria:

Provider  
Type

From            99      XXXXXXXXXXXXXXXX

To              99      XXXXXXXXXXXXXXXX

Provider  
Specialty

From            99      XXXXXXXXXXXXXXXX

To              99      XXXXXXXXXXXXXXXX

County

From            99      XXXXXXXXXXXXXXXX

To              99      XXXXXXXXXXXXXXXX

ZIP Code

From            99      XXXXXXXXXXXXXXXX

To              99      XXXXXXXXXXXXXXXX

Program:      XXXX    XXXXXXXXXXXX

Managed      XXXX  
Care:

Status:        X

Sort Order:    X

Report: PRV-0011-R IndianaAIM Run Date: MM/DD/YY

Process: xxxxxxxx Provider Listing by Flexible Criteria  
Run Time: HH:MM

Location: xxxxxxxx Page 99,999

PROVIDER NUMBER	PROVIDER NAME	PROVIDER ADDRESS
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999
XXXXXXXXX X	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXX, XX 99999-9999

\*\* END OF REPORT \*\*

\*\* NO DATA THIS RUN \*\*

## PRV-0012AW0 Update Provider CLIA Status Error Report

Functional Area	Report Number	Job Name	Report Title
Provider Enrollment	PRV 0012AW0		Update Provider CLIA Status Error Report

### Description of Information

The PRV-012-AW0 Update Provider CLIA Status Error report lists all CLIA numbers that could not be updated in IndianaAIM because of an error from the last Online Survey and Certification and Reporting System (OSCAR) download. The report provides information on record type, CLIA ID, certificate type, type of lab, certificate number, effective date, and expiration date, and error message. The error message shows the type of error recorded during the IndianaAIM/OSCAR update. The type of error is overlapping dates. This error tells the user that CLIA information brought over from OSCAR conflicts with the date range in the CLIA maintenance window in IndianaAIM.

### Purpose

The Update Provider CLIA Status Error report shows all CLIA numbers and the affected IHCP provider numbers that contain an error in IndianaAIM.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

### Detailed Field Definitions

Record Type	Transaction type received from OSCAR
CLIA ID	CLIA ID's ten-character number
Certificate Type	Type of CLIA certificate
Certificate Number	CLIA ID's ten-character number
Effective Date	Effective date of the CLIA certificate
Expiration Date	Expiration date of the CLIA certificate
Error Message	Type of error received

Report: PRV-012A-W  
Process: PRVJW012  
Location: PRV012AW

IndianaAIM  
Update Provider CLIA Status Error Report  
Period: MM/DD/CCYY - MM/DD/CCYY

Run Date: 01/06/2000  
Run Time: 10:12:36  
Page: 1

Record Type	CLIA ID	Cert Type	Type of Lab	Cert No.	Effective Date	Expiration Date	Error Message
XXXXXXXX	XXXXXXXXXX	XXXXX	XXXXXX	XXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXX

## PRV-0012-BW0 Update Provider CLIA Status Detail Report

Functional Area	Report Number	Job Name	Report Title
Provider Enrollment	PRV-0012-BW0	1	Update Provider CLIA Status Detail Report

### Description of Information

The PRV-012-BW0 Update Provider CLIA Status Detail Report lists all CLIA numbers that are updated in IndianaAIM from the last OSCAR download. The report provides information on provider ID, service location, CLIA ID, certificate type, effective date, end date, and record action. The record action shows the type of update made to the CLIA maintenance window in IndianaAIM by CMS's OSCAR. The type of record action may be insert, update, or delete.

### Purpose

The Update Provider CLIA Status Detail report shows all CLIA numbers and the affected IHCP provider numbers updated in IndianaAIM by OSCAR.

### Sort Sequence:

None

### Distribution:

To	Media Type	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

### Detailed Field Definitions

Provider ID	Provider's nine-digit provider number
Service Location	Single-character field (such as A, B, C, and so on). The service code location identifies which physical location is billing for a service under a specific provider number
CLIA ID	CLIA ID's ten-character number
Certificate Type	Type of lab the provider is certified to be
Effective Date	Effective date of the CLIA certificate
End Date	Expiration date of the CLIA certificate

Report:	PRV-012B-W	IndianaAIM	Run Date:	01/03/2000
Process:	PRVJW012	Update Provider CLIA Status Detail Report	Run Time:	08:32:02
Location:	PRV012BW	Period: MM/DD/CCYY - MMM/DD/CCYY	Page:	1

Provider ID	Service Code Location	CLIA ID	Certificate TYPE	Effective Date	End Date	Record Action
xxxxxxxxxx	X	xxxxxxxxxx	x	xxxxxxxxxx	xxxxxxxxxx	xxxxxxxxxxxxxxxxxxxxxxxxxxxx

## PRV-0013-M Providers Due For Recertification Or Relicensing Within 60 Days

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0013-M	Providers Due For Recertification Or Relicensing Within Sixty (60) Days

### Description of Information

This CRLD report lists applicable transportation, extended care facilities, and out-of-state providers with an end date in their type specialty maintenance window and whose license or certification is due to expire within 60 days.

The system searches the provider database for transportation providers (provider type 26), with specialties 260 through 266, and also checks the organizational code, searching for any not-for-profit transportation providers with specialty codes 264 and 265. It also searches the provider database for extended care facilities (provider type 03) with specialties 031 and 033, and for any providers with an out-of-state county code on their provider service location. Enrollment dates are reviewed and providers with termination dates within 60 days of the run date are reported.

### Purpose

Identifies providers who receive recertification notices for the month.

### Sort Sequence

- *Primary* - Provider type
- *Secondary* - Provider number

### Distribution

To	Media Type	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

Provider Type	Description of the provider type reported in this section
Provider Number	Provider's nine-character IHCP identification number
Provider Name	Provider's name
Street Address	First line of provider's mail-to address from service location A
City/State	Provider's mail-to city and state from service location A
ZIP Code	Provider's mail-to ZIP code from service location A

Stop Date	Scheduled enrollment termination date on provider's file
Specialty	Provider's primary specialty



Report: PRV-0013-M

IndianaAIM

Run Date:MM/DD/YY

Process: xxxxxxxx

Providers Due For Recertification Within 60 Days

Run Time:HH:MM:SS

Location: xxxxxxxx

As Of MM/DD/YY

Page: 99,999

PROVIDER TYPE 99 XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

PROV NUMBER	PROVIDER NAME	STREET	CITY/STATE	ZIP CODE	STOP DATE	SPEC
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999
999999999	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX XX	99999 9999	MM/DD/YY	999

\*\* END OF REPORT \*

\*\*\* NO DATA THIS RUN \*\*



## PRV-0013-N CLIA Providers Without Mail To Addresses Error Report

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0013-N	CLIA Providers Without Mail To Addresses Error Report

### Description of Information

This report shows provider CLIA records from CMS's database that do not have Mail To addresses in IndianaAIM. The report has the following in its title section: IndianaAIM, CLIA Providers Without Mail To Addresses, and a Period field that describes the time frame for the records pulled in the report. In addition, the report has the following column headings: Provider ID, Service Code Location, and CLIA ID. Again, the provider's CLIA information means that there is not an address to mail a CLIA record(s) change letter for that provider in IndianaAIM. Thus, a letter is not produced, and an error report is created.

### Purpose

To detect providers who do not have mail to addresses.

### Sort Sequence

- *Primary* - Numerically by CLIA number
- *Secondary* - Provider number

### Distribution

To	Media Type	Copies	Frequency
EDS	Paper/CRLD	1	On Request

### Detailed Field Definitions

Provider ID	Billing provider ID's nine-digit identification number
Service Location Code	Single-character field (such as A, B, C, and so on). The service code location identifies which physical location is billing for a service under a specific provider number.
CLIA ID	CLIA ID ten-character number



**PRV-0015-R Provider Cross Reference Report by FEIN/SSN**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0015-R	Provider Cross Reference Report by FEIN/SSN

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



**PRV-0016-R Provider Cross Reference Report by License**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0016-R	Provider Cross Reference Report by License

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**





**PRV-0017-R Provider Participation Analysis Report**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0017-R	Provider Participation Analysis Report

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



**PRV-0018-R Change in Provider Practice Arrangements**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0018-R	Change in Provider Practice Arrangements

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



**PRV-0019-A Provider 1099 Payment Detail**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0019-A	Provider 1099 Payment Detail

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



## PRV-0023-M Written Correspondence Tracking Report

Functional Area	Report Number	Report Title
Provider Services	PRV-0023-M	Written Correspondence Tracking Report

### Description of Information

This report displays the batch number and LCN of all inquiries and the date that they were logged into the system. The report gives detailed information about individual Letter Control Numbers (LCNs), the date the response was typed into the system and a **Generate letter** command was input, the type of inquiry as determined by the analyst, provider number, and provider type. A high-level summary at the end of the report displays total inquiries received, total inquiries completed, average completion time, the three most common inquiry types, and the top three provider types submitting inquiries of those types.

### Purpose

To identify types of providers and inquiry types of providers writing to the Written Correspondence Department.

### Sort Sequence

- *Primary* - Batch number
- *Secondary* - LCN

### Distribution

To	Media Type	Copies	Frequency
IFSSA	Paper/CRLD	1	Monthly

### Detailed Field Definitions

Batch Number	Identification number of each batch entered in the Written Correspondence Tracking (WCT) system for the stated time period, including Julian date
Date Received	Date each batch was received by EDS. This date is entered in the WCT system when a batch is activated.
LCN	Letter Control Number of each inquiry with the above batch, with Julian date prefix. Suffix indicates location in the batch.
Date of Response	Date letter response was entered in the WCT system
Provider Number	Nine character IHCP ID number of the provider who initiated the inquiry
Type of Inquiry	Type of inquiry code for each LCN. See list on following pages.
Provider Type	Provider type code of the provider who initiated the inquiry, automatically populated from the provider file.
Response Status	Status of the inquiry at the time the report is run (open or complete)

**High-Level Summary****Total LCNs Received**

Total number of batches entered in the WCT system during the stated time period

**Total LCNs Completed**

Total number of batches completed (all LCNs completed) during the stated time period

**Average Comp Time**

Average time of completion for the total batches completed for the stated time period (from the date each batch was entered to the date the last inquiry in the batch was completed)

**Pended LCNs**

Number of LCNs entered, but not completed, during the stated time period. This number can change if a letter is opened and changes are saved, as it resets the response day.

**Inquiry Types**

The three most common inquiry type codes entered for each LCN during the stated time period and the number of inquiries counted for the period

**Provider Types**

The three most common provider types that submitted inquiries during the stated time period



## ***Inquiry Types***

Claim Status — 100	<ul style="list-style-type: none"> <li>▪ Billed</li> <li>▪ Not on RA</li> <li>▪ Hyphenated names</li> <li>▪ Submission of claims to WI for processing</li> <li>▪ RBMC/PCCM eligibility</li> <li>▪ Questions about RA</li> </ul>
Package C Denied Premium — 120	
Late Billing — 150	<ul style="list-style-type: none"> <li>▪ Waive filing limit</li> <li>▪ With CCFs</li> <li>▪ Documentation to support late filing</li> <li>▪ New bills on DOS greater than one year</li> </ul>
Crossover — 200	<ul style="list-style-type: none"> <li>▪ Claims that did not crossover</li> <li>▪ Questions about Crossover claims</li> <li>▪ Denials</li> <li>▪ Edits</li> <li>▪ Status</li> <li>▪ No crossover Medicare</li> </ul>
Other Insurance — 250	<ul style="list-style-type: none"> <li>▪ TPL — Denial, other issues</li> </ul>
Adjustments — 300	<ul style="list-style-type: none"> <li>▪ Adjustments questions or requests</li> </ul>
Remittance Advices — 350	<ul style="list-style-type: none"> <li>▪ Requests for Remittance Advices</li> </ul>
Eligibility — 400	<ul style="list-style-type: none"> <li>▪ Eligibility for Optometry, Dental, or Hearing</li> </ul>
Pkg C Eligibility — 420	<ul style="list-style-type: none"> <li>▪ Children under the age of 19 years</li> </ul>
Program Policy — 450	<ul style="list-style-type: none"> <li>▪ Program</li> <li>▪ Bulletin Banner</li> <li>▪ Covered services</li> <li>▪ Spenddown policy</li> </ul>

Pkg. C Program Policy — 470	<ul style="list-style-type: none"> <li>▪ Program</li> <li>▪ Bulletin Banner</li> <li>▪ Covered services</li> <li>▪ Spenddown policy</li> </ul>
Correspondence — 500	<ul style="list-style-type: none"> <li>▪ Unable to understand specific question</li> <li>▪ Insufficient requirements to research claim</li> </ul>
Claim Rejections — 550	<ul style="list-style-type: none"> <li>▪ Claim rejections</li> </ul>
Pkg. C Claim Rejections — 570	<ul style="list-style-type: none"> <li>▪ Claim rejections</li> </ul>
Nursing Facility — 600	<ul style="list-style-type: none"> <li>▪ LTC</li> <li>▪ Retro rates</li> <li>▪ LOC</li> <li>▪ Leave days</li> <li>▪ Bed hold</li> </ul>
Billing Instr — 650	<ul style="list-style-type: none"> <li>▪ Claim form — no claim with attachments</li> <li>▪ Required field not filled out</li> </ul>
Pkg. C Billing Instr. — 670	<ul style="list-style-type: none"> <li>▪ Claim form — minus attachments</li> <li>▪ Required field not filled out</li> </ul>
Refunds — 700	<ul style="list-style-type: none"> <li>▪ Refunds — non-claim specific questions</li> <li>▪ Expenditure checks</li> <li>▪ A/R</li> </ul>
Reimbursement — 750	<ul style="list-style-type: none"> <li>▪ Asking for more reimbursement</li> <li>▪ Questions about how much paid or not paid</li> </ul>
Prior Auth — 800	<ul style="list-style-type: none"> <li>▪ Denied for lack of PA</li> </ul>
Pkg. C Prior Auth. — 820	<ul style="list-style-type: none"> <li>▪ Denial for no PA found</li> <li>▪ Units exceed PA master</li> </ul>
Out of State — 850	<ul style="list-style-type: none"> <li>▪ Questions from OOS provider</li> </ul>

Form Request — 900	▪ Form request — limited use
Pkg. C Member Inq. — 920	▪ not in use
Pkg. C Provider Inq. — 930	▪ Same as other program providers
Pkg. C General Inq. — 940	▪ Claim status
	▪ Premium paid
	▪ Claim submission via written correspondence
	▪ Claim denials
Other — 950	▪ DRG questions
Pkg. C Provider Enroll. — 960	▪ Questions about becoming IHCP provider
Pkg. C Member Enroll — 970	▪ Questions regarding how members sign up for Pkg C

Section 18: PRV Reports

Master Report Definitions

Report: PRV-0023-M  
Process: xxxxxxxx  
Location: xxxxxxxx

IndianaAIM  
Written Correspondence Tracking Report  
Period: MM/DD/YYYY - MM/DD/YYYY

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99,999

BATCH NUMBER	DATE RECEIVED				
YYJJBBBSS	MM/DD/YY				
LCN	DATE OF RESPONSE	PROVIDER NUMBER	TYPE OF INQUIRY	PROVIDER TYPE	RESPONSE STATUS
YYJJBBBSS	MM/DD/YY	XXXXXXXXXX	XXX	XX	XXXXXXXXXXXXXXXXXXXXXX

**High Level Summary**

TOTAL LCNS RECEIVED	TOTAL LCNS COMPLETED	AVE COMP TIME (in days)	PENDEDD LCNS	INQUIRY TYPES	PROVIDER TYPES
9999	9999	999	999	XXX, XXX, XXX	XX, XX, XX
INQUIRY TYPES:					
100 Claim Status				650 Billing Instr.	
120 Pkg. C Denied Premium				670 Pkg. C Billing Instr.	
150 Late Billing				700 Refunds	
200 Crossover				750 Reimbursement	
250 Other Insurance				800 Prior Auth.	
300 Adjustments				820 Pkg. C Prior Auth.	
350 Remittance Advices				850 Out-of-State	
400 Eligibility				900 Form Request	
420 Pkg. C Eligibility				920 Pkg. C Member Inq.	
450 Program Policy				930 Pkg. C Provider Inq.	
470 Pkg. C Program Policy				940 Pkg. C General Inq.	
500 Correspondence				950 Other	
550 Claim Rejections				960 Pkg. C Provider Enroll.	
570 Pkg. C Claim Rejection				970 Pkg. C Member Enroll.	
600 Nursing Facility					
PROVIDER TYPES:					
01 Hospital				18 Optometrist	
02 Ambulatory Surgical Center (ASC)				19 Optician	
03 Extended Care Facility				20 Audiologist	
04 Rehabilitation Facility				21 Case Manager (Targeted)	
05 Home Health Agency				22 Hearing Aid Dealer	
06 Hospice				23 Dietitian	
07 Capitation Provider				24 Pharmacy	
08 Clinic				25 DME/Medical Supply Dealer	
09 Advance Practice Nurse				26 Transportation provider	
10 Mid-Level Practitioner				27 Dentist	
11 Mental Health Provider				28 Laboratory	
12 School Corporation				29 X-Ray Clinic	
13 Public Health Agency				30 End-Stage Renal Disease (RSD) Clinic	
14 Podiatrist				31 Physician	
15 Chiropractor				32 Waiver Provider	
16 Nurse				33 Non-Billing Waiver Case Manager	
17 Therapist					

\*\*END OF REPORT\*\*  
 \*\*NO DATA THIS RUN\*\*



## PRV-0030-W Unmatched NSC Suppliers on DMERC Crossover

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0030-W	Unmatched NSC Suppliers On DMERC Crossover

### Description of Information

This CRLD report contains a list of DME suppliers who have no cross-reference record on the provider cross-reference file of suppliers to IHCP provider numbers.

### Purpose

Furnishes the Provider Enrollment Unit with a list of providers who have crossover claims submitted that cannot be identified, or no cross-reference of the supplier to an IHCP provider number. A total of claims on the DMERC suspense file and a count of suppliers with claims on this suspense file are also produced. A high count of suppliers without cross-references indicates there may be a problem that needs further review.

### Sort Sequence

- *Primary* - NSC supplier number

### Distribution

To	Media Type	Copies	Frequency
Provider Enrollment	Paper	1	Weekly

### Detailed Field Definitions

Supplier	Unique number assigned by the National Supplier Clearinghouse for DME services only and is not the same as an IHCP or Medicare provider number
Name	Supplier's name on the DME claim
Address	Supplier's address on the DME claim
City	Supplier's city on the DME claim
State	Supplier's state on the DME claim
ZIP Code	Supplier's ZIP code on the DME claim
Phone	Supplier's phone number on the DME claim
Number of Claims in Suspense	Count of claims on the DMERC suspense file. These are claims on DMERC received in the last 120 days for which no cross-reference exists.
Number of Providers on DMERC Suspense	Count of providers or suppliers with claim records on the DMERC suspense file

Run Date: MM/DD/CCYY

IndianaAIM

Process: CLMJW420 Unmatched NSC Suppliers on DMERC Crossover

Run Time: HH:MM:SS

Location: PRV0030W Period MM/DD/YY-MM/DD/YY

Page: 99,999

SUPPLIER	NAME	ADDRESS	CITY	ST	ZIP	PHONE
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999
9999999999	XXXXXXXXXXXXX	XXXXXXXXXXXXX	XXXXXXXXXX	XX	99999	(999)999-9999



NUMBER OF CLAIMS ON THE DMERC SUSPENSE	99,999
---	--------

NUMBER OF PROVIDERS ON THE DMERC SUSPENSE	9,999
--	-------

\*\*END OF REPORT\*\*

\*\*NO DATA THIS RUN\*\*



**PRV-0031-W Unmatched Medicare Providers on Part B  
Crossover**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0031-W	Unmatched Medicare Providers on Part B Crossover

**Description of Information**

**\*\*This report is currently in SME review. 12/27/00**



**PRV-0032-W EFT Pre-Notification Register**

Functional Area	Report Number	Report Title
Provider Enrollment/Adjustment/Finance	PRV-0032-W	EFT Pre-Notification Register

**Description of Information**

The EFT pre-notification report lists all the providers in a pre-notification status. It lists each individual provider's account number and bank routing number entered in the system and sent to the ACH for verification.

**Purpose**

This report is used by EDS and IFSSA to ensure that providers in pre-notification status are not receiving money through EFT. The EFT amount is always zero.

**Sort Sequence**

- *Primary* - Account ID, ascending
- *Secondary* - Account Name, ascending

**Distribution**

To	Media Type	Copies	Frequency
EDS	Paper/CRLD	1	On Request

**Detailed Field Definitions**

Account ID	Identification number to which the EFT was issued
Account Name	Account name to which the EFT is transferred
Account Number	Bank account number to which the EFT is transferred
Bank Routing Number	Indicates the bank routing number to which the EFT is transferred
EFT Amount	Amount of the Electronic Funds Transfer



**PRV-0036-M HPB License Tape Update Report**

Functional Area	Report Number	Report Title
Provider Enrollment	PRV-0036-M	HPB License Tape Update Report

**Description of Information**

**\*\*This report is currently in SME review. 12/27/00**





## PRV-8028-M Provider Phone Tracking Report

Functional Area	Report Number	Report Title
Provider Services	PRV-8028-M	Provider Phone Tracking Report

### Description of Information

This report summarizes the total number of inquiries by inquiry type that were received by the Customer Assistance Unit for the stated time period. This report also summarizes the total number of unique providers accessing the Customer Assistance Unit and the total number of complete and incomplete inquiries. The report lists all open status inquiries by provider number and lists the ten providers who used the customer assistance telephone number most along with the corresponding number of inquiries made during the reporting period. This information is used to target specific providers who may require additional training or attention.

### Purpose

To monitor providers who are having chronic billing problems, and to identify the types of calls received in the Customer Assistance Unit.

### Sort Sequence

- *Primary* - Status
- *Secondary* - Date of call
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Monthly
IFSSA	CRLD	1	Monthly

### Detailed Field Definitions

Inquiries With Open Status:

Provider Number

Inquiring provider's nine-digit IHCP number

Date of Inquiry

Date the inquiry was received by the Customer Assistance Unit

User ID

User ID of the analyst receiving the inquiry

Total Unique Providers

Total number of unique providers that inquired during the reporting period

Total Complete

Total number of inquiries completed during the reporting period

Total Incomplete

Total number of inquiries requiring additional research

**Total Inquiries Per Inquiry Type:**

XX

Two-digit code associated with each type of inquiry

XXXXXXXXXXXX

Description for the two-digit code associated with each type of inquiry

XXXXXXX

Total number of inquiries for the two-digit code and description

**Providers With Largest Number Of Inquiries**

XXXXXXXXXX

Ten provider numbers with the most logged inquiries during the reporting month

XXXX

Total number of calls made by the ten providers during the reporting month

*Master Report Definitions*

REPORT: PRV-8028-M  
MM/DD/CCYY  
PROCESS: PRVJM828  
MM:HH:SS  
LOCATION: PRV8028M

IndianaAIM

PROVIDER PHONE TRACKING REPORT

PERIOD: MM/DD/YY THROUGH MM/DD/YY

INQUIRIES WITH OPEN STATUS:

Provider Number

*Section 18: PRV Reports*

RUN DATE:

RUN TIME:

PAGE: 99,999

\* \* END OF REPORT \* \*

\* \* NO DATA THIS RUN \* \*



**PRV-9002-R In-State Practitioner – Enrollment Tracking Letter**

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9002-R	In-State Practitioner – Enrollment Tracking Letter

**Description of Information**

This is a system-generated initial application letter sent with an in-state practitioner provider application. The letter informs providers of the enrollment process and provides the return address for completed applications. This letter is produced online when an in-state address is keyed into the Enrollment Tracking System and **Practitioner** is chosen for application type.

**Purpose**

Assists provider applicants with enrollment procedures.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request
DDARS	Paper	1	On Request

{Month DD, CCYY}  
{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider city, State ZIP}  
ETN: {ETN number}

Dear Prospective Provider,

On behalf of the Indiana Family and Social Services Administration, we would like to thank you for your interest in participating in the Indiana Health Coverage Programs. Please complete the enclosed documents and return the completed agreement(s) to:

EDS  
Attn: Provider Enrollment  
PO Box 7263  
Indianapolis, Indiana 46207-7263

You may wish to retain a copy of your agreement; however, please return the original documents to the address above. As soon as we have processed your enrollment documents, you will be notified of your provider number and you will receive a manual to outline the Indiana Health Coverage Programs policy and procedures, as well as to assist in preparing your claims.

If you have any questions, please do not hesitate to contact the Provider Assistance unit at (800) 577-1278 or LOCAL\OUT-OF-STATE (non-contiguous) (317) 655-3240. Thank you for your cooperation in this enrollment process. We look forward to working with you in the months ahead.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

{Director, Medicaid Waiver Unit

Division of Disabled Aging and Rehabilitative Services (if Waiver provider)}

## PRV-9003-R In-State Institution Initial Certification – Enrollment Tracking Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9003-R	In-State Institution Initial Certification – Enrollment Tracking Letter

### Description of Information

This is a system-generated initial application letter sent with an in-state institutional provider application. This letter informs providers of the expected effective date of enrollment (after the application is approved and a provider number is issued) and the return address for completed applications. This letter is produced online when an in-state address is keyed into the Enrollment Tracking System and **Institution** is chosen for application type.

Upon saving and exiting the Provider Base window, IndianaAIM offers the option of choosing from a list of agency names to add carbon copies to the letter. Select the appropriate agencies or entities on the Provider Letter CC Selection window by highlighting names and clicking **Save**. The appropriate number of copies is automatically generated and carbon copied names are printed on the letters. If the carbon copy selection requires revision, access the Provider Letter CC Selection window from **Options** on the menu bar.

### Purpose

Assists provider applicants with enrollment procedures.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

*Note: Use the cc: function to create additional copies.*

{Month DD, CCYY}

{Provider Name}  
 {Provider Street Address}  
 {Provider Street Address (If applicable)}  
 {Provider City, State ZIP}  
 ETN: {ETN Number}

Dear Prospective Provider,

This is to advise you that your facility is hereby certified as a provider of services under the provisions of the Social Security Act, Title XIX, Section 1805, as amended. In order for your facility to receive Indiana Health Coverage Programs payments, Federal law requires that a Provider Agreement between the Indiana Family and Social Services Administration and the Provider be in effect. A copy of the Indiana Health Coverage Programs Provider Agreement is enclosed. The agreement should be completed, signed and mailed to:

EDS  
 Provider Enrollment Unit  
 PO Box 7263  
 Indianapolis, IN 46207-7263

You may wish to retain a copy of your agreement; however, please return the original documents to the address above. Your cooperation and assistance in providing quality health care to Indiana Health Coverage Programs members are very much appreciated.

If you have any questions, please do not hesitate to contact the Customer Assistance unit at (800) 577-1278 or LOCAL(OUT-OF-STATE (non-contiguous) (317) 655-3240.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: {Provider's File}  
       {Bureau of Quality Assurance}  
       {Indiana State Department of Health}  
       {Supervisor Long Term Care (Home Health Providers only)}  
       {IFSSA}  
       {Nurse Consultant (Hospitals, Psych Hospitals and Rehab Hospitals only)}  
 {Manager SURS/IOC (Hospitals, Psych Hospitals and Rehab Hospitals only)}  
       {EDS}  
 {Manager Provider Reimbursement, Associated Group (FQHCs only)}  
 {Office Manager, Myers & Stauffer (Nursing Homes only)}  
       {Director, County Division of Family and Children}



## PRV-9004-R Out-Of-State Practitioner – Enrollment Tracking Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9004-R	Out-of-State Practitioner – Enrollment Tracking Letter

### Description of Information

This is a system-generated initial application letter sent with an out-of-state practitioner provider application. This letter informs providers of the enrollment process and provides the return address for completed applications. This letter is produced online when an out-of-state address is keyed into the Enrollment Tracking System, and **Practitioner** is chosen for the application type.

### Purpose

Assists provider applicants with enrollment procedures.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}  
{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}  
ETN: {ETN Number}

Dear Prospective Provider,

Thank you for your interest in the Indiana Health Coverage Programs. This letter contains information regarding necessary verifications required to enroll you as an out-of-state provider for the State of Indiana.

To enroll in the Indiana Health Coverage Programs, the prospective provider must be duly licensed, registered, or certified by the appropriate professional regulatory agency pursuant to Indiana State Law, Federal Law, or otherwise authorized by the Indiana Family and Social Services Administration.

Due to the fact that many regulatory agencies charge for verification of license(s), the potential provider must either provide this information, or provide current verification of enrollment in your State's Medicaid program or Medicare program, along with your Indiana Health Coverage Programs provider enrollment tracking number found at the top of this letter. To expedite the enrollment process, please return the license verification from your State's Regulatory Agency for each provider listed on Schedule D1 of the Indiana Health Coverage Programs Provider Agreement.

Please return the completed enrollment package to:

EDS  
Attn: Provider Enrollment  
P.O. Box 7263  
Indianapolis, Indiana 46207-7263

If you have any questions, please do not hesitate to contact the Customer Assistance unit at (800)-577-1278 or local/out-of-state (non-contiguous) (317)-655-3240.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: Provider File

## PRV-9005-R Out-Of-State Institution – Enrollment Tracking Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9005-R	Out-Of-State Institution – Enrollment Tracking Letter

### Description of Information

This is a system-generated initial application letter sent with an out-of-state institutional provider application. This letter informs providers of the enrollment process and provides the return address for completed applications. This letter is produced online when an out-of-state address is keyed into the Enrollment Tracking System, and **Institution** is chosen for application type.

### Purpose

Assists the provider with enrollment procedures.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}  
{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}  
ETN: {ETN Number}

Dear Prospective Provider,

Thank you for your recent interest in the Indiana Health Coverage Programs. In order for your facility to receive Indiana Health Coverage Programs payments, Federal law requires that a Provider Agreement between the Indiana Family and Social Services Administration and the Provider be in effect. A copy of the Indiana Health Coverage Programs Provider Agreement is enclosed. The agreement, along with a copy of your hospital license and certification, should be completed, signed and mailed to:

EDS  
Provider Enrollment Unit  
PO Box 7263  
Indianapolis, IN 46207-7263

You may wish to retain a copy of your agreement; however, please return the original documents to the address above.

Your cooperation and assistance in providing quality health care to Indiana Health Coverage Programs members are very much appreciated.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: Provider File

**PRV-9007-R Enrollment Tracking Return To Provider Letter**

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9007-R	Provider Enrollment Return To Provider (RTP) – Enrollment Tracking Letter

**Description of Information**

This is a system-generated letter that provides the reason for return of a provider application. After a reason(s) for returning an application is chosen in the Enrollment Tracking System, IndianaAIM automatically generates this letter online and routes it to print at a local printer with the appropriate RTP reason(s) printed on the form letter. If **Other** is the reason, a free text area appears on the Provider Application Maintenance Window and the keyed reason appears in printed form on the letter.

**Purpose**

Assists provider applicants with enrollment procedures.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
Provider Applicant	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}  
 {Provider Street Address}  
 {Provider Street Address (If applicable)}  
 {Provider City, State Zip}  
 ETN: {ETN Number}

Dear Prospective Provider,

Your enrollment form is being returned to enclose or complete those items listed below. Please complete all listed information and return all attached documents promptly to ensure your enrollment.

Awaiting Revised C and T	Copy of CMS Approved Letter
Care Coordination Cert (NASW)	Copy of Motor Carrier Authority
Copy of Driver's License	Name of Authorized Representative
Copy of Insurance	Prosthetic/Orthodic Reg Number
Copy of License	Business Address
Copy of Rate Verification	Other (free form text area)
County of Service	Provider Name
Completed Schedule A	Specialty Code
Completed Schedule B	Title
Completed Schedule C	Signature
Date of Signature	Social Security Number
Employee Identification Number	Type of Provider Entity
Copy of EMS Certification	

If you have any questions, please do not hesitate to contact the Customer Assistance unit at (800) 577-1278 or local/out-of-state (non-contiguous) (317) 655-3240.

Sincerely,

Provider Enrollment

cc: Provider File

## PRV-9008-R Provider Enrollment Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9008-R	Provider Enrollment Letter

### Description of Information

This is a system-generated enrollment letter sent with a provider manual when a provider initially is enrolled. It informs the provider of the update made to the provider database (provider information is added) and provides the provider's newly established identification number. The IndianaAIM system reads the field code changes and the effective date of the addition. This letter is produced in batch mode when the field code change reveals that a new record is added to the provider file. Pertinent information is printed on the front and back of the letter for provider verification.

### Purpose

Informs the provider that enrollment is completed and assigns the provider's IHCP identification number.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}

Dear Provider,

This letter is to inform you that a change or addition has been made to your provider record. This recent transaction was in regards to your new addition to the provider file.

Please verify the information provided. This is a record of information currently in the provider file. The provider number and service location suffix(s) listed must be used exactly as shown on all claim submissions and correspondence.

Please contact our office if any information shown is incorrect. If you have any questions, you may call the appropriate telephone number listed below.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: list  
Provider Number  
Provider Enrollment Date  
Provider Expiration Date  
Provider Medicare Number  
Provider UPIN Number

TOLL FREE TELEPHONE

(800) 577-1278

LOCAL\OUT-OF-STATE (non-contiguous)

(317) 655-3240



<b>Provider</b>	<b>Service Number</b>	<b>Suffix</b>	<b>Location</b>
999999999	A	Line 1 of provider's address Line 2 of provider's address City, ST ZIP	
Provider Specialty(s) Provider SS/IRS Number 999999999	{999, 999, 999} {99999999999} B	Line 1 of provider's address Line 2 of provider's address City, ST ZIP	
Provider Specialty(s) Provider SS/IRS Number 999999999	{999, 999, 999} {99999999999} C	Line 1 of provider's address Line 2 of provider's address City, ST ZIP	
Provider Specialty(s) Provider SS/IRS Number 999999999	{999, 999, 999} {99999999999} D	Line 1 of provider's address Line 2 of provider's address City, ST ZIP	
Provider Specialty(s) Provider SS/IRS Number 999999999	{999, 999, 999} {99999999999} E	Line 1 of provider's address Line 2 of provider's address City, ST ZIP	
Provider Specialty(s) Provider SS/IRS Number *** END OF DATA ***	{999, 999, 999} {99999999999}		



## PRV-9009-R Provider Change Notification Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9009-R	Provider Change Notification Letter

### Description of Information

IndianaAIM automatically generates this letter when a provider record field is changed or information is added. IndianaAIM reads the field code, the original information, the updated information, and the effective date for the update. The information prints out on the letter along with the type of change made. The letter may be sent to online processing, but it defaults to batch processing.

Upon saving and exiting the Provider Base window, there is the option of choosing from a list of agency names to add carbon copies to the letter. Select the appropriate agencies or entities on the Provider Letter CC Selection window by highlighting names and clicking **Save**. The appropriate number of copies is generated and carbon copied names are printed on the letters. To revise the carbon copy selection, access the Provider Letter CC Selection window from **Options** on the menu bar.

### Purpose

Notifies a provider and the applicable state agency(s) of changes or additions made to the provider database.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

*Note: Use the cc: function to request additional copies.*

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Dear Provider,

This letter is to inform you that a change or addition has been made to your provider record. Please check the information provided. This is the information currently in the provider file. The provider number listed below must be used exactly as shown on all claim submissions and correspondence.

Please contact our office if any information shown is incorrect. If you have any questions, you may call the appropriate telephone number listed below.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: Director, Indiana State Department of Health (only if copy of letter is to go to the Dept. of Health)

cc: Office Manager, Myers & Stauffer (only if copy of letter is to go to Myers & Stauffer)

cc: Supervisor Long Term Care, IFSSA, ( only if Home Health change of name, ownership or enrollment status)

cc: Director, Medicaid Waiver Unit, Division of Disabled Aging and Rehabilitative Services (if change is made for a Waiver provider)

Provider Number

Provider Enrollment Date

Provider Expiration Date

Provider Medicare Number

Provider UPIN

TOLL FREE TELEPHONE

(800) 577-1278

LOCAL\OUT-OF-STATE (non-contiguous)

(317) 655-3240

Updated	Original	Updated	Update
<u>Field</u>	<u>Information</u>	<u>Information</u>	<u>Effective</u>
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	MM/DD/CCYY

\*\*\* END OF DATA \*\*\*



**PRV-9012-R Change Request Return To Provider Letter**

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9012-R	Change Request Return To Provider Letter

**Description of Information**

This user-generated letter is sent to the provider when a change request is invalid or incomplete. Choose **Print** from drop down list under **Option** on the menu bar, and the system automatically opens Microsoft Word. All possible letter documents are displayed. Select the **Return To Provider Change Request** letter by highlighting the corresponding line. If the provider's record is open, the form letter is displayed with the provider's name and address. If the provider's record is not open, the screen prompts the user to enter the provider's name and address, and to choose a reason for returning the request. Choose a reason from the list of valid values by deleting the inappropriate reasons. If no reasons are appropriate, choose **Other** and a free text area is displayed for the reason for return. Print the letter while still in Microsoft Word and exit from Microsoft Word into IndianaAIM.

**Purpose**

Notifies a provider of the reason(s) a change request cannot be processed.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}  
Provider Number: {Provider Number}

Dear Provider,

EDS is unable to process your provider update request at this time due to the following:

- Change must be authorized by the Department of Health. Please contact the Department of Health.
- Request must be received on official facility letterhead.
- Request must be signed by an authorized representative of the facility.
- Request for additional or updated provider Specialty must include a copy of a valid State License.
- Request must include a copy of valid certification.
- Provider number is missing.
- other (enrollment rep keys reason)

Please make sure all documents or information requested are attached to your update request. If you have any questions, please call the appropriate telephone number listed below.

For additional information regarding the Indiana Health Coverage Programs, please access our Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Sincerely,

Provider Enrollment

cc: Provider File

TOLL FREE TELEPHONE (800) 577-1278

LOCAL\OUT-OF-STATE (non-contiguous) (317) 655-3240



## PRV-9014-M Provider Recertification Notice

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9014-M	Provider Recertification Notice

### Description of Information

The IndianaAIM system automatically generates this notice and it is sent to providers listed on the *Providers Due For Recertification or Relicensing Within Sixty (60) Days* report. The notices include an explanation for the recertification and instructions on how to continue enrollment in the IHCP. It is possible that a provider may receive two notices, one when the report is run and one when notices are sent at the end of each month.

### Purpose

Notifies applicable providers about the need to recertify for participation in the IHCP, and gives instructions to the provider.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	Monthly
Provider File	Paper/CRLD	1	Monthly

{Month DD, CCYY}

{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}  
Provider Number: {Provider Number}

Dear Provider,

Eligibility in the Indiana Health Coverage Programs (IHCP), for the provider type and specialty below, is due for recertification:

Provider Type:                00 – Provider Type Name

Specialty:                010 – Specialty Name

Your provider enrollment eligibility will expire on *mmdyy*.

The following information is required:

Requirement: Recertification requirement required by that provider type and specialty

Failure to return this information before the expiration date may result in disenrollment from IHCP. If you have already submitted your recertification please disregard this letter. The requirement listed above should be mailed promptly to the following address:

EDS  
Provider Enrollment  
P.O. Box 7263  
Indianapolis, Indiana 46207-7263

Additional information about the IHCP is provided on the Web at [www.indianamedicaid.com](http://www.indianamedicaid.com). If there are further questions, please call the appropriate number listed below.

Sincerely,

Provider Enrollment

TOLL FREE TELEPHONE: (800) 577-1278

LOCAL\OUT-OF-STATE: (non-contiguous) (317) 655-3240

## PRV-9024-R Inquiry Response Letter

Functional Area	Report Number	Job Name	Report Title
Provider Services	PRV-9024-R		Inquiry Response Letter

### Description of Information

This letter is system-generated by IndianaAIM when a written inquiry analyst types an inquiry response. The user enters the LCN, provider number, date of inquiry, and type of inquiry in the Written Correspondence Tracking (WCT) system and then types the response to the inquiry. The information entered populates the system-generated Inquiry Response Letter which is sent to the provider.

### Purpose

To respond to provider inquiries in an efficient and timely fashion

### Sort Sequence

- *Primary* - LCN

### Distribution

To	Media	Copies	Frequency
Provider	Paper	1	On Request



Month DD, CCYY

Provider Name  
Provider Street Address  
Provider Street Address (If applicable)  
Provider City, State Zip  
Provider Number

Dear Provider,

Thank you for your recent inquiry to the Indiana Health Coverage Programs. The answer to your inquiry follows:

*(free text area to be populated from the WCT system)*

Please direct further questions to EDS Customer Assistance at the appropriate telephone number listed at the end of this letter. Thank you for your continued participation in the Indiana Health Coverage Programs.

Sincerely,

EDS Written Inquiry Unit

TOLL FREE TELEPHONE: 1-(800) 577-1278  
LOCAL OUT-OF-STATE (non-contiguous): 1-(317) 655-3240

LCN 01  
USER ID DICKSJW

**PRV-9026-R Provider EFT Error Letter**

Functional Area	Report Number	Job Name	Report Title
Provider Services	PRV-9026-R		Provider EFT Error Letter

**Description of Information**

This is a manually generated form letter included with a returned EFT enrollment form when the information supplied on the form does not match the information supplied by the provider's financial institution. The letter explains the discrepancy and further enrollment instructions to the provider. The user retrieves the letter from a Microsoft Word document, updates the date, provider name and address, and discrepancy. The letter is printed online.

**Purpose**

To explain the discrepancy and provide further enrollment instructions to the provider.

**Sort Sequence**

None

**Distribution**

To	Media	Copies	Frequency
Provider	Laser	1	On Request
Provider File	Laser	1	On Request

{Provider number}

Provider Name.  
 Provider Street Address  
 Provider City, State, and Zip

Dear Provider:

Thank you for your participation in the Electronic Funds Transfer (EFT) for your Indiana Health Coverage

Programs payments. In setting up your EFT information, our bank notified EDS that they were unable to process any payments due to incorrect or incomplete information. Please review the following information that you supplied to EDS against the information the bank supplied.

<b>Account Number</b>	<b>Your Information</b> 99999999	<b>Bank Information</b> 99999999
<b>ABA Transit Routing Number</b>	099999999	099999999
Please Check One	CHECKING	SAVINGS

Please provide the corrected information to EDS within five (5) business days. Sign the authorization line below to indicate that the information supplied by the bank is correct and should be updated on your provider file.

Please make a copy of this document for your files and forward the original to:

EDS  
 P.O. Box 7263  
 Indianapolis, IN 46207-7263  
 Attention: Provider Enrollment Unit

PLEASE REVIEW YOUR RECORDS OR CONFIRM THIS INFORMATION WITH YOUR BANK TO ENSURE ITS ACCURACY.

If the information provided by the bank is correct, please authorize EDS to update your provider record.

\_\_\_\_\_  
 Authorized signature

\_\_\_\_\_  
 Date

Thank you for your prompt attention to this matter.  
 Sincerely,

EDS, Provider Enrollment

**PRV-9035-R Provider Enrollment Denial Letter**

Functional Area	Letter Number	Letter Title
Provider Enrollment	PRV-9035-R	Provider Enrollment Denial Letter

**Description of Information**

This is a manually-generated letter sent to a provider applicant when the applicant's enrollment is denied for any reason. It informs the provider of the reason(s) for denial and gives instructions (if any) for reapplication.

**Purpose**

Informs the provider applicant that enrollment was denied.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

*Note: Use the cc: function to request additional copies.*

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: IHCP Enrollment

Dear Provider,

Thank you for your interest in participating in the Indiana Health Coverage Programs (IHCP). According to our interpretation of the information provided on the IHCP enrollment application, Saint Elizabeth Community Health Center is a Home Health agency.

The IHCP out-of-state provider eligibility policy states that, in accordance with section 405 IAC 1-7-4, "Medicaid reimbursement is available for the following services provided outside the state of Indiana: acute general hospital care; physician services; dental services; pharmacy services; transportation services; therapy services; podiatry services; chiropractic services and durable medical equipment and supplies". In accordance with this rule, out-of-state Home Health agencies are not covered. However, if you are trying to enroll as an acute care provider, please provide our office with a detailed description of the services your office intends to render, and your assigned rates. Your office will also need to submit a completed section D.2 of the provider agreement and your Medicaid provider number from the state of Nebraska.

If you have any questions regarding the contents of this letter, please do not hesitate to contact the Provider Enrollment Unit at (317) 464 - 4700.

Sincerely,

Provider Enrollment



## PRVDPHON-2 Calls By Provider Report

Functional Area	Report Number	Job Name	Report Title
Provider Services	PRVDPHON-2		Calls By Provider Report

### Description of Information

This report identifies all calls coming into the 1-800 lines received by the Automatic Call Distribution group.

### Purpose

To monitor the total number of calls and percent answered per each 1-800 number. Used to monitor contract report compliance. Identifies the highest volume callers for each split by date and by phone number. This is defined as more than three calls per day per toll free number.

### Sort Sequence

- *Primary* - Name given to each 1-800 number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Daily
IFSSA	CRLD	1	Daily

### Detailed Field Definitions

Title of 1-800 Number	Name of the 1-800 number included in the report
Dialed Number	Specific 1-800 number dialed by the customer for the report period
Orig Number*	Originating phone number of the customer for the report period. The number of calls must be more than three to be included in the report
No. Of Calls*	Total number of calls made by the customer during the reporting period
No. Of Autodials*	Number of autodials for each originating number during the reporting period
Total Calls*	Number of calls made to the 1-800 number during the reporting period
Number Of Answered Calls	Number of unduplicated customer calls answered by the phone switch during the report period
Percent	Percentage (answered calls/total calls) during the reporting period
Number Of Unanswered Calls	Total number of unduplicated calls that rang busy during the reporting period

<b>Percent</b>	Percentage (total calls/unanswered calls) during the reporting period
<b>Number Of Autodials</b>	Total number of unduplicated customers who used the autodial feature during the reporting period
<b>Total Calls</b>	Total number of customer-placed calls to the 1-800 number (total number plus total unanswered) during in the reporting period.

Note \*The Automated Voice Response system is exempted from this portion of the report.

REPORT: PRVDPHON-2  
PROCESS: PRVJD100  
LOCATION: PRVPHON2

IndianaAIM  
Calls By Provider Report  
PERIOD: MM/DD/YY THROUGH MM/DD/YY

RUN DATE: MM/DD/CCYY  
RUN TIME: MM:HH:SS  
PAGE NUMBER: 99,999

## DEPARTMENT

DIALED NUMBER	ORIG NUMBER	NO. OF CALLS	NO. OF AUTODIALS	TOTAL CALLS
(999)999-9999	(999)999-9999	99,999	999	99,999

\*\* CALLS MORE THAN THREE PER DAY LISTED

NUMBER OF ANSWERED CALLS	: XXXXX	PERCENT:	XXX.XX
NUMBER OF UNANSWERED CALLS	: XXXXX	PERCENT:	XXX.XX
NUMBER OF AUTODIALS	: XXXXX		
TOTAL CALLS	: XXXXX		

\* \* END OF REPORT \* \*

\* \* NO DATA THIS RUN \* \*



## PRVDPHON-3 High-Level Summary Report

Functional Area	Report Number	Job Name	Report Title
Provider Services	PRVDPHON-3		High-Level Summary Report

### Description of Information

This report summarizes the number of calls and disposition of calls per 1-800 number.

### Purpose

Provide a high-level summary for each 1-800 number.

### Sort Sequence

- *Primary* - Name of 1-800 line

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Monthly
IFSSA	CRLD	1	Monthly

### Detailed Field Definitions

Title of 1-800 Number	Name of the 1-800 number included in the report
Dialed Number	Specific 1-800 number that the customer dialed during in the reporting period
Total Calls	Total number of calls during the reporting period
Total Answered	Total number of calls answered during the reporting period
Total Unanswered	Total number of unanswered calls during the reporting period
Total Autodials	Total number of autodials during the reporting period
Num. Diff. Originating	Number of unduplicated originating phone numbers during the reporting period

REPORT: PRVDPHON-3  
PROCESS: PRVJD100  
LOCATION: PRVPHON2

IndianaAIM  
High Level Summary Report  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

RUN DATE: MM/DD/CCYY  
RUN TIME: MM:HH:SS  
PAGE NUMBER: 99,999

## DEPARTMENT

DIALED NUMBER	TOTAL CALLS	TOTAL ANSWERED	TOTAL UNANSWERED	TOTAL AUTODIALS	NUM.DIFF. ORIGINATING
(800)999-9999	XXXX	XXXX	XXXX	XXXX	XXXXX

\*\* CALLS MORE THAN THREE PER DAY LISTED

NUMBER OF ANSWERED CALLS : XXXXX  
NUMBER OF UNANSWERED CALLS : XXXXX  
NUMBER OF AUTODIALS : XXXXX  
TOTAL CALLS : XXXXX

PERCENT: XXX.XX  
PERCENT: XXX.XX

\* \* END OF REPORT \* \*

\* \* NO DATA THIS RUN \* \*

## PRVDPHON-4 High-Level Summary Report

Functional Area	Report Number	Job Name	Report Title
Provider Services	PRVDPHON-4		High-Level Summary Report

### Description of Information

This report summarizes all the calls placed to the 1-800 numbers.

### Purpose

This report provides a high-level summary of total calls. In addition, it may be used to compare and verify with the monthly billing summary.

### Sort Sequence

- Primary - Grand Totals

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	1	Monthly
IFSSA	CRLD	1	Monthly

### Detailed Field Definitions

Total Calls	Total calls placed to all 1-800 numbers during the reporting period
Total Answered	Total number of answered calls to all 1-800 numbers during the reporting period
Total Unanswered	Total number of unanswered calls to all 1-800 numbers during the reporting period
Total Autodials	Total number of autodials placed to all 1-800 numbers during the reporting period

Section 18: PRV Reports

Master Report Definitions

REPORT: PRVDPHON-4 IndianaAIM  
MM/DD/CCYY  
PROCESS: PRVJD100 High Level Summary Report  
MM:HH:SS  
LOCATION: PRVPHON2 PERIOD: MM/DD/CCYY - MM/DD/CCYY  
99,999

RUN DATE:  
RUN TIME:  
PAGE NUMBER:

GRAND TOTALS

TOTAL CALLS	TOTAL ANSWERED	TOTAL UNANSWERED	TOTAL AUTDIALS
99,9999	99,999	99,999	99,999

\* \* END OF REPORT \* \*

\* \* NO DATA THIS RUN \* \*



## Document Tracking Return To Provider Letter

Functional Area	Letter Number	Letter Title
Provider Enrollment	NA – RTS Letter	Document Tracking Return To Provider Letter

### Description of Information

This is a manually-generated letter sent to a provider or provider applicant when the applicant's enrollment or update request is missing necessary information for processing.

### Purpose

Informs the provider or provider applicant of additional information that is necessary to process the request.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Date}  
{Provider Name}  
{Street Address}  
{City}, {State} {ZIP Code}

Dear Provider,

The attached update request is being returned for you to enclose or complete those items listed below. Please complete all listed information and return all attached documents promptly to ensure that the information in your file is updated.

{RTP Reason}

Please refer to chapter four of the Provider Manual for enrollment policies and procedures. If you have any questions, please contact Customer Assistance at (317) 655-3240 locally, 1-800-577-1278 toll-free, or visit the Indiana Health Coverage Programs Web site at [www.indianamedicaid.com](http://www.indianamedicaid.com).

Thank you,

Provider Enrollment

## EFT Update Letter

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/EFT	EFT Update Letter

### Description of Information

This is a manually-generated letter from Microsoft Word sent to the provider when EDS receives information from the provider's bank notifying EDS that the account information on file needs updating.

### Purpose

Informs providers that a change occurred.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
Provider	Paper	1	On Request
Provider File	Paper	1	On Request

{Provider Number}

{Date}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Dear Provider:

Thank you for your participation in the Electronic Funds Transfer (EFT) for your Indiana Health Coverage Programs payments. In setting up your EFT information, our bank notified EDS that they were

unable to process any payments due to incorrect or incomplete information. Please review the following information that you supplied to EDS against the information the bank supplied.

Your Information	Bank Information
Account Number	1234567 0123456789
ABA Routing Number	12345678 123456789
Please Check One	CHECKING SAVINGS

Please provide the corrected information to EDS within five (5) business days. Sign the authorization line below to indicate that the information supplied by the bank is correct and should be updated on your provider file.

Please make a copy of this document for your files and forward the original to:

EDS  
P.O. Box 7263  
Indianapolis, IN 46207-7263  
Attention: Provider Enrollment Unit

PLEASE REVIEW YOUR RECORDS OR CONFIRM THIS INFORMATION WITH  
YOURBANK TO ENSURE ITS ACCURACY.

If the information provided by the bank is correct, please authorize EDS to update your provider record.

---

Authorized signature                      Date

Thank you for your prompt attention to this matter.

Sincerely,

EDS, Provider Enrollment

**ISDH Bed Change Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Bed Change Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when bed changes are made to a facility certified by the ISDH.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: XXXXXXXXXX

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

Dear Provider:

This is to advise you that there was a change in bed capacity effective xx/xx/xx for the above captioned provider. The current Medicaid certification is for xx beds.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health  
Hendricks County Director, Division of Family and Children  
Heartland Health Care Center - Prestwick  
445 South County Road 525 East  
Plainfield, Indiana 46168

## ISDH Change of Ownership Letter

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Change of Ownership Letter

### Description of Information

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when facility certified by the ISDH changes ownership.

### Purpose

Informs stakeholders that a change occurred.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}  
 {Provider Street Address}  
 {Provider Street Address (If applicable)}  
 {Provider City, State ZIP}

Re: Change of Ownership  
 Provider #: XXXXXXXXXXB  
 {Facility Name}  
 {Facility Address}  
 {Facility City, State ZIP}

Dear Provider:

EDS has been notified by the Indiana State Department of Health that the ownership of your facility has changed effective 07/01/00. The provider number of your facility will remain unchanged, however, the alpha character will be changed to reflect the change of ownership.

Note: This change will not occur until a signed provider agreement is received by the EDS Provider Enrollment Unit. The provider number will be valid as long as the facility continues to be certified as a Medicaid provider of nursing care services.

Please find enclosed a copy of the Indiana Health Coverage Programs Provider Agreement, with Schedule A, B, C, and D.2. Please note that the enclosed provider agreement does not constitute a change of provider status for rate setting purposes. The rate setting contractor and the Office of Medicaid Policy and Planning will review the documentation submitted regarding your "change of ownership" and will determine whether your "change of ownership" qualifies for an initial interim rate.

Please make a copy for your files, and return the original to:

EDS  
 P. O. Box 7263  
 Indianapolis, IN 46207-7263  
 Attention: Provider Enrollment

Execution of the provider agreement completes the enrollment process and is valid until termination or withdrawal from the Indiana Health Coverage Programs.

We would like to thank you for your interest in participating in the IHCP. If you have any questions, please contact the Customer Assistance unit at 1-800-577-1278 or (317) 655-3240.

Sincerely,

EDS Provider Enrollment

CC: Clifton Gunderson, LLC  
 Myers & Stauffer, LLC  
 Director, Vanderburgh County, Division of Family and Children  
 Linda Koelling, EDS  
 Karen Filler, OMPP -- IFSSA  
 Nancy Hopkins, OMPP -- IFSSA  
 Monica Griffin, OMPP—IFSSA  
 Darlene Jones, State Department of Health



## ISDH Closed Facility Letter

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Closed Facility Letter

### Description of Information

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH closes.

### Purpose

Informs stakeholders that a change occurred.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: {Facility Number}

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

Dear {Provider Name}:

This is to advise you that the above captioned provider has withdrawn from further participation as a provider in the Indiana Health Coverage Programs effective 04/14/99. Appropriate action will be taken to ensure that payment is not made to this provider for service dates 04/14/99, or later.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health

Myers and Stauffer

Clifton, Gunderson & Co.

Randy Kriebel, DARS/DD

Linda Koelling, EDS

Jennings County Director, Division of Family and Children

Monica Griffin, OMPP -- IFSSA

Mary Gordon, OMPP -- IFSSA

**ISDH Extension Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Extension Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH is given a two-month extension of certification.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: {Facility Number}

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

This is to officially advise you that the term of your current Provider Agreement is being extended for a period of two (2) months ending 08/31/99.

We have been informed by the Indiana State Department of Health, the State survey agency, that this extension is necessary to allow administrative time to determine compliance with provisions and requirements of the program.

This extension is being made by the authority of the Office of Medicaid Policy and Planning (OMPP), as provided for in 42 CFR 442.16.

Any question regarding this extension should be directed to the Indiana State Department of Health.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health  
Myers and Stauffer

**ISDH Initial Certification Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Initial Certification Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH is certified for enrollment in the IHCP.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}  
{Provider Name}  
{Provider Street Address}  
{Provider Street Address (If applicable)}  
{Provider City, State ZIP}

Re: Initial Certification  
Provider #: {Facility Provider Number}  
          {Facility Name}  
          {Facility Address}  
          {Facility City, State ZIP}

Dear Provider:

This is to advise you that the above facility is hereby certified as a provider of services for the Developmentally Disabled in a Community Residential Facility under the provisions of the Social Security Act, Title XIX, Section 1805, as amended. Certification is for **73** beds and the effective period of certification is from **05/26/00 to 04/30/01**.

In order for this facility to receive Medicaid payments during the above certification period, Federal law requires that a provider agreement between this Office and the provider be in effect.

Enclosed is a copy of the Indiana Health Coverage Programs (IHCP) Provider Agreement. Please make a copy for your files, and return the original to:

EDS  
Indiana Health Coverage Programs  
P. O. Box 7263  
Indianapolis, Indiana 46207-7263

Unless such agreement is completed, no Medicaid reimbursement may be made. Execution of the IHCP Provider Agreement completes the Medicaid provider Certification process.

We have been notified by the Indiana State Department of Health that the facility has submitted an acceptable plan of correction to the deficiencies found at the time of the survey. The plan indicates that corrections to these deficiencies will be completed by xx/xx/xx. Federal regulations require that action be initiated to terminate participation in the IHCP if corrections are not completed by that date.

We would like to thank you for your interest in participating in the IHCP. If you have any questions, please contact the Customer Assistance unit at 1-800-577-1278 or (317) 655-3240.

Sincerely,

EDS Provider Enrollment

cc: Clifton, Gunderson & Co.  
Myers and Stauffer  
Director, Jennings County, Division of Family & Children  
Linda Koelling, EDS  
Nancy Hopkins, OMPP -- IFSSA  
Karen Filler, OMPP -- IFSSA  
Mary Gordon, OMPP -- IFSSA  
Darlene Jones, State Department of Health

**ISDH Name/Address Change Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Name/Address Change Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH has a change in name or address.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: {Facility Provider Number}

Dear Provider:

This is to confirm the change of **address** for your facility.

Please note the new **address** as shown above.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health  
Fulton County Director, Division of Family & Children  
Myers and Stauffer  
Clifton, Gunderson & Co.  
Linda Koelling, EDS  
Mary Gordon, OMPP – IFSSA  
Nancy Hopkins, OMPP – IFSSA  
Karen Filler, OMPP – IFSSA



**ISDH Recertification Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Recertification Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH is recertified for participation in the IHCP.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: Annual Recertification

Provider Number: {Provider Number}

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

Period of Certification: {xx/xx/xx – xx/xx/xx}

Certified Beds: {#}

Dear Provider:

EDS Provider Enrollment has been notified by the Indiana State Department of Health, the State survey agency, that the annual recertification of the above facility as a provider of services for the Developmentally Disabled in a Community Residential Facility under the Social Security Act, Title XIX, Section 1805, as amended, has been approved for the dates shown above.

In order for this facility to receive Indiana Health Coverage Program (IHCP) payments during the above certification period, federal law requires that a provider agreement between The Office of Medicaid Policy and Planning (OMPP) and the Provider be in effect. One (1) copy of the Indiana Medicaid Provider Agreement is enclosed. The copy should be completed as outlined below:

The Federal ID number shall be entered in the space provided at the bottom of page four (4),

The owner, partner, or corporate officer with legal capacity to bind the provider business entity shall sign and date the copy on page 4 and ;

Please retain a copy for your files, and mail the original to:

EDS

Indiana Health Coverage Programs

P. O. Box 7263

Indianapolis, Indiana 46207-7263

Attention: Provider Enrollment

Unless such agreement is completed, no Medicaid reimbursement may be made. Execution of the Medicaid Provider Agreement completes the Medicaid provider recertification process.

Your continued cooperation and assistance in providing quality health care to IHCP members is appreciated.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health  
Myers and Stauffer  
Clifton, Gunderson & Co.  
Judy Hall, Division of Mental Health

**ISDH Automatic Cancellation Rescind Letter**

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Automatic Cancellation Rescind Letter

**Description of Information**

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH has had the automatic cancellation date rescinded by coming into compliance.

**Purpose**

Informs stakeholders that a change occurred.

**Sort Sequence**

None

**Distribution**

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: Provider Number: {Provider Number}

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

Dear Provider:

The Indiana State Department of Health has officially notified us that you have made acceptable progress in correcting the deficiencies noted in your facility at the time of your recertification survey.

I am pleased to advise you that because of your progress, the Automatic Cancellation Date for correction of your deficiencies has been rescinded.

I compliment you on the success of your efforts to correct the deficiencies and encourage you to ensure that you remain in compliance with the appropriate directives.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health

## ISDH Residence Change Letter

Functional Area	File Location	Letter Title
Provider Enrollment	L:/Provider Enroll/Letters/State	ISDH Residence Change Letter

### Description of Information

This is a manually-generated letter from Microsoft Word sent to stakeholders in the IHCP program when a facility certified by the ISDH has had a change in the type or residence.

### Purpose

Informs stakeholders that a change occurred.

### Sort Sequence

None

### Distribution

To	Media Type	Copies	Frequency
See Table 5.1	Paper	1	On Request
Provider File	Paper	1	On Request

{Month DD, CCYY}

{Provider Name}

{Provider Street Address}

{Provider Street Address (If applicable)}

{Provider City, State ZIP}

Re: Provider Number: {Provider Number}

{Facility Name}

{Facility Address}

{Facility City, State ZIP}

Dear {Provider Name}:

The attached Certification and Transmittal is being forwarded to advise you of the change of residence for the above captioned facility. Please note that the type of residence is changed to Basic Developmental, effective 10/01/98.

Sincerely,

EDS Provider Enrollment

cc: Darlene Jones, State Department of Health  
St. Joseph County Director, Division of Family and Children  
Linda Koelling, EDS  
Clifton, Gunderson & Co.  
Judy Hall, DARS/DD  
Monica Griffin, OMPP--IFSSA  
Karen Filler, OMPP--IFSSA  
Mary Gordon, OMPP--IFSSA  
Council for the Retarded of St. Joseph County, Inc.  
20089 Lark Drive  
South Bend, Indiana 46637

## Section 19: PVS Reports

### PVS-605C-W Check Register for CHIP

Functional Area	Report Number	Job Name	Report Title
Financial	PVS-605C-W		Indiana Health Coverage Programs Check Register Check Register for CHIP

#### Description of Information

The report indicates system check information by provider. The register gives an itemized list of each check that passes through the system.

#### Purpose

The report is an audit path for out going checks. Also, the register offers easy retrieval of information by any of the fields shown.

#### Sort Sequence

- *Primary* - Payer RID

#### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

#### Detailed Field Definitions

Check Number	This is the printed sequence bank number on the check. The number may be used to track a specific check in the database
Check Date	The date the check was written
Case Number	The case number for the eligible recipient
Sequence Number	The sequence number for the eligible recipient
Payer RID	Identifies the payee on the check. The Payer RID must match the Payer Name on the check
Payer Name	The name of the payee on the check
Check Amount	The dollar amount associated with a specific check
Manual Check Total	The total dollar amount of all manual checks

<b>Void Check Total</b>	The total dollar amount of all voided checks
<b>System Check Total</b>	The total dollar amount of all system checks



REPORT: PVS-605C-W  
 PROCESS: FINJW301  
 LOCATION: PVS605CW

INDIANA AIM  
 INDIANA HEALTH COVERAGE PROGRAMS CHECK REGISTER  
 PERIOD: MMDDCCYY - MMDDCCYY  
 CHIP Account

RUN DATE: MMDDCCYY  
 RUN TIME: HH:MM:SS  
 PAGE: 99,999

CHECK NUMBER	CHECK DATE	CASE NUMBER	SEQUENCE NUMBER	PAYER RID	PAYER NAME	CHECK AMOUNT
999999999	MMDDCCYY	999999999	9999	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	VOID	XXXXXXXXXXXXXXXXXXXXXXX	\$(999,999,999.99)
999999999	MMDDCCYY	999999999	9999	VOID	XXXXXXXXXXXXXXXXXXXXXXX	\$(999,999,999.99)
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	LIEN	BACKUP WITHHOLDING	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	LIEN	INTERNAL REVENUE SERVICE	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	EXPENSE	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99

MANUAL CHECK COUNT	999999999	MANUAL CHECK TOTAL:	\$999,999,999.99
VOID CHECK COUNT	999999999	VOID CHECK TOTAL:	\$(999,999,999.99)
SYSTEM CHECK COUNT	999999999	SYSTEM CHECK TOTAL:	\$999,999,999.99

\* \* END OF REPORT \* \*



## PVS-605M-W Check Register for M.E.D. Works

Functional Area	Report Number	Job Name	Report Title
Financial	PVS-605C-W		Indiana Health Coverage Programs Check Register Check Register for M.E.D. Works

### Description of Information

The report indicates system check information by provider. The register gives an itemized list of each check that passes through the system.

### Purpose

The report is an audit path for out going checks. Also, the register offers easy retrieval of information by any of the fields shown.

### Sort Sequence

- *Primary* - Payer RID

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Weekly
IFSSA	CRLD	0	Weekly

### Detailed Field Definitions

Check Number	This is the printed sequence bank number on the check. The number may be used to track a specific check in the database
Check Date	The date the check was written
Case Number	The case number for the eligible recipient
Sequence Number	The sequence number for the eligible recipient
Payer RID	Identifies the payee on the check. The Payer RID must match the Payer Name on the check
Payer Name	The name of the payee on the check
Check Amount	The dollar amount associated with a specific check
Manual Check Total	The total dollar amount of all manual checks
Void Check Total	The total dollar amount of all voided checks

**System Check Total**

The total dollar amount of all system checks

REPORT: PVS-605M-W  
 PROCESS: FINJW302  
 LOCATION: PVS605MW

INDIANA AIM  
 INDIANA HEALTH COVERAGE PROGRAMS CHECK REGISTER  
 PERIOD: MMDDCCYY - MMDDCCYY  
 MED Works Account

RUN DATE: MMDDCCYY  
 RUN TIME: HH:MM:SS  
 PAGE: 99,999

CHECK NUMBER	CHECK DATE	CASE NUMBER	SEQUENCE NUMBER	PAYER RID	PAYER NAME	CHECK AMOUNT
999999999	MMDDCCYY	999999999	9999	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	MANUAL	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	VOID	XXXXXXXXXXXXXXXXXXXXXXX	\$(999,999,999.99)
999999999	MMDDCCYY	999999999	9999	VOID	XXXXXXXXXXXXXXXXXXXXXXX	\$(999,999,999.99)
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	LIEN	BACKUP WITHHOLDING	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	LIEN	INTERNAL REVENUE SERVICE	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	EXPENSE	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99
999999999	MMDDCCYY	999999999	9999	999999999	XXXXXXXXXXXXXXXXXXXXXXX	\$999,999,999.99

MANUAL CHECK COUNT	999999999	MANUAL CHECK TOTAL:	\$999,999,999.99
VOID CHECK COUNT	999999999	VOID CHECK TOTAL:	\$(999,999,999.99)
SYSTEM CHECK COUNT	999999999	SYSTEM CHECK TOTAL:	\$999,999,999.99

\* \* END OF REPORT \* \*



## Section 20: REF Reports

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### REF-0007-M First Data Bank Drug File Addition Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0007-M		First Data Bank Drug File Addition Report

#### **Description of Information**

**\*\*This report is currently in SME review. 12/27/00**





## REF-0021-A HCPCS Update Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0021-A		HCPCS Update Report

### ***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



## REF-0021-M First Databank Drug Update Report

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0021-M		First Databank Drug Update Report

### Description of Information

The *First Databank Drug Update Report* is a listing of all drug updates received from First Databank and processed.

An NDC may appear multiple times on the report with different field descriptions. A list of valid field descriptions follows:

- AWP Information
- DESI Information Updated
- CMS Defined as DESI
- MAC Information Updated
- New Drug Inserted; MediSpan Marked As Reuse
- FDB Drug Updated Pro-DUR Segment
- New Drug Inserted; MediSpan History Updated
- FDB Drug Updated Pro-DUR; MediSpan History Updated
- No State MAC Amount Found; Smart Key Matched List
- State MAC Amount Found; Smart Key Did Not Match List
- Attempt To Update State Drug Was Bypassed
- Drug Information Updated

### Purpose

IFSSA and EDS use the First Databank Drug Update Report to view all drug updates received from First Databank and processed.

### Sort Sequence

- *Primary* - NDC code description

### Distribution

To	Media	Copies	Frequency
IFSSA	Paper/CRLD	1	Monthly

### Detailed Field Definitions

NDC	The updated NDC code
Description	The description of the updated NDC code
Update Status	Brief description of the update to the NDC code
Report Footer	The report footer displays <b>End of Report</b> after the last NDC code has been listed, and <b>No Data This Report</b> if no drugs existed on the tape from First Databank.

Report: REF-0021-M  
Process: XXXXXX  
Location: XXXXXX

IndianaAIM  
First Database Drug Update Report

Run Date : MM/DD/CCYY  
Time: HH:MM:SS  
Page : 99999

NDC	DESCRIPTION	UPDATE STATUS
-----	-----	-----
XXXXX XXXX XX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX

End Of Report

No Data This Report

**REF-0031-R Indiana Health Coverage Programs Fee Schedule**

Functional Area	Report Number	Job Name	Report Title
Reference	REF-0031-R	REFJM031	Indiana Health Coverage Programs Fee Schedule

**Description of Information**

The Indiana Health Coverage Programs Fee Schedule Report lists procedure codes with pricing segments that are either active or were end-dated during the past year of the reporting date, along with the description of the procedure and associated pricing information.

**Purpose**

EDS distributes the paper report to providers who submit a request and a payment. The report helps the providers determine program coverage, prior authorization (PA) requirement, and rates for services performed during the past year of the reporting date.

**Sort Sequence**

- *Primary* - Procedure code

**Distribution**

To	Media	Copies	Frequency
EDS	CRLD	1	Monthly/ On Request

**Detailed Field Definitions****Report Instructions Page**

A report instructions page is printed prior to producing the body of the report. The instruction page includes the following definition and disclaimers:

- How to use the Indiana Health Coverage Programs (IHCP) fee schedule.
- Program coverage values.
- PA indicator values
- Disclaimer that services are covered within the scope of the patient's benefit package (See IHCP provider manual).
- Disclaimer that the rates are subject to change depending on other variables such as TPL and COPAY (See IHCP provider manual).
- Disclaimer that the listed modifiers are pricing modifiers and to refer to the IHCP provider manual for questions concerning the processing modifiers such as AD, AJ, W2, 50, and 80.
- Disclaimer that additional units will be added to the anesthesia base unit, depending on other variables such as age and position (See IHCP provider manual).

Procedure Code	The procedure field displays the 5-character alphanumeric procedure code.
Procedure Description	The procedure description field displays the short version of the description of the procedure code.
Program Coverage	The program coverage field displays a value to indicate the coverage status depending on the program.
Program PA	The program PA field displays a value to indicate the prior authorization requirement depending on the program.
Pricing Ind	The 6-character alphanumeric pricing indicator field displays the word "MANUAL" for procedures with manual pricing indicator (PI = 5), or "NORMAL" for procedures with normal pricing indicator (PI = 0).
Pricing Effective Date	The pricing effective date field displays the effective date for the fee schedule amount in CCYYMMDD format. Procedure codes with zero fee schedule amount and anesthesia base unit, that are not covered (Program Coverage = 8), have a blank pricing effective date.
Pricing End Date	The pricing end date field displays the ending date for the fee schedule amount in CCYYMMDD format. Open-ended segment (22991231) is blank.
Pricing Modifier	The pricing modifier field displays the pricing modifiers for the procedure code.
Fee Schedule Amount	The fee schedule amount field displays the rate used for pricing the service during the pricing segment effective and end date.
Anesthesia Base Unit	The anesthesia base unit field displays the base unit quantity for modifier <b>AA-</b> <i>Anesthesia</i> and is zero for all other modifiers.
Report Footer 1	The report footer displays <i>End Of Report</i> , after the last line of data
Report Footer 2	The report footer displays <i>No Data This Report</i> , if no data is available.

Report:	REF-0031-R	IndianaAIM	Run Date:	MM/DD/YY
Process:	REFJM031		Run Time:	##:##:##
Location:	PROC0012	Indiana Health Coverage Programs Fee Schedule	Page:	9999
		Instructions for Use		

**How to read the Indiana Health Coverage Programs Fee Schedule:**

Procedure codes are listed in ascending order followed by alpha procedure codes. The information provided is reflective of the most current allowed rate for all procedure codes pertinent to CMS-1500 and Dental billers. The IHCP Fee Schedule is at a minimum updated monthly. To determine the allowed rate for a given procedure code, perform the following steps:

- a) Find the procedure code on the fee schedule.
- b) If you are billing with a modifier, look for the procedure code and modifier combination on the fee schedule.
- c) If the procedure code has a Normal or Manual pricing indicator, there will be no fee schedule amount listed. Refer to the Indiana Health Coverage Programs Provider Manual for questions concerning Normal and Manual pricing.
- d) The Program Coverage Values are:
  - 1 – Traditional Medicaid, Package C and PCCM covered.
  - 2 – Traditional Medicaid and Package C covered only.
  - 3 – Traditional Medicaid and PCCM covered only.
  - 4 – Traditional Medicaid covered only.
  - 5 – Package C and PCCM covered only.
  - 6 – Package C covered only.
  - 7 – PCCM covered only.
  - 8 – Not covered (Illustrated for crossover claims).
- e) The Program PA Values are:
  - 1 – PA required for Traditional Medicaid, Package C and PCCM.

- 2 – PA only required for Traditional Medicaid and Package C.
- 3 – PA only required for Traditional Medicaid and PCCM.
- 4 – PA only required for Traditional Medicaid.
- 5 – PA only required for Package C and PCCM.
- 6 – PA only required for Package C.
- 7 – PA only required for PCCM.
- 8 – PA not required.

Disclaimers:

- Services are covered within the scope of the patient's benefit package.
- Rates may change depending on variables such as TPL and COPAY. (See Indiana Health Coverage Programs Provider Manual).
- Modifiers listed are pricing modifiers. Refer to the Indiana Health Coverage Programs Provider Manual for questions concerning the processing modifiers such as AD, AJ, W2, 50 and 80.
- Additional units will be added to the Anesthesia Base Unit, depending on other variables such as Age and Position. (See Indiana Health Coverage Programs Provider Manual)



Report: REF-0031-R

IndianaAIM

Run Date: MM/DD/YY

Process: REFJM031

Run Time: ##:##:##

Location: PROC0012

Indiana Health Coverage Programs Fee Schedule

Page: 9999

Procedure	Procedure	Program	Program	Pricing	Pricing	Pricing	Pricing	Fee Schedule	Anesthesia
<u>Code</u>	<u>Description</u>	<u>Coverage</u>	<u>PA</u>	<u>Ind</u>	<u>Effective Date</u>	<u>End date</u>	<u>Modifier</u>	<u>Amount</u>	<u>Base Unit</u>
XXXXX	XXXXXXXXXXXXXXXXXXXXXXX XXXX	X	X	XXXXXX	CCYYMMDD	CCYYMMDD	XX	\$999,999.99	999,9.9

End Of Report  
No Data This Report



## Section 21: SRG Reports

### SRGR-010 Account Cycle Control Data and Customer Options Control Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR-010		Account Cycle Control Data and Customer Options Control Report

#### Description of Information

The Account Cycle Control Data and Customer Options Control Report provides the user with a status report on the manner in which the current cycle is generated. The report is sorted into various segments reflecting information, data, and options in all areas of a utilization review cycle.

Option	Description
General System Data	Options in the General System Data segment pertain, for the most part, to system-wide options defined to meet the particular customer's needs
Base File System Data	Options in the Base File System Data segment relate to the current quarter's database
Monthly System Data	Options in the Monthly System Data segment pertain to Distribution the monthly extract, provider file, history details and reporting
Treatment Analysis Data	Options in the treatment Analysis System Data segment pertain to the treatment analysis processing and reporting variables
Member Summary	Options in the Member Summary System segment pertain to the member summary series reports
Provider Summary	Options in the Provider Summary System segment pertain to the provider summary series reports
Special Subsystems	Options in the Special Subsystems Data segment pertain to options available for any special reporting that Indiana generates that is not included in the base RAMS II function

#### Purpose

The Cycle Control Data and Customer Options Control File is reviewed prior to each quarterly cycle to determine which reports to produce, date ranges, date types, reporting minimums, and so on.

#### Sort Sequence

- *Primary* - Segment

- *Secondary* - Option number

### ***Distribution***

To	Media	Copies	Frequency
IFSSA	Paper	1	Quarterly

### ***Detailed Field Definitions***

Option Designation	**OPTION** printed in this field identifies the report generation specification as an option, controlled by the user. Blank printed in this field identifies the report generation specification as a system-controlled parameter.
Option Specification	Brief description of the cycle generation control option
Option Selection	Option selected by the user or controlled by the system for the Option Specification
Customer Approval	Space provided for customer approval of system control specifications
Date	Space provided for customer date of approval of system control specifications

SRGR010  
RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
ACCOUNT CYCLE CONTROL DATA AND CUSTOMER OPTIONS REPORT  
PROGRAM: MEDICAID

PAGE 99,999  
PERIOD: MM/CCYY THRU MM/CCYY

\*\*\* GENERAL SYSTEM DATA \*\*\*

** OPTION **	77)	PLACE OF SERVICE	42	DESCRIPTION	IS . . . . .	.AIRAMBULANCE
** OPTION **	78)	PLACE OF SERVICE	51	DESCRIPTION	IS . . . . .	.COMMNTLHLTHCT
** OPTION **	79)	PLACE OF SERVICE	54	DESCRIPTION	IS . . . . .	.ICFMR
** OPTION **	80)	PLACE OF SERVICE	55	DESCRIPTION	IS . . . . .	.RESSUBABUSETXF
** OPTION **	81)	PLACE OF SERVICE	56	DESCRIPTION	IS . . . . .	.PSYCHRESTXCTR
** OPTION **	82)	PLACE OF SERVICE	61	DESCRIPTION	IS . . . . .	.COMPINPTRHABF
** OPTION **	83)	PLACE OF SERVICE	62	DESCRIPTION	IS . . . . .	.COMPOUTPRHAB
** OPTION **	84)	PLACE OF SERVICE	65	DESCRIPTION	IS . . . . .	.ESRDTXFACILITY
** OPTION **	85)	PLACE OF SERVICE	71	DESCRIPTION	IS . . . . .	.PUBLICHEALTHCL
** OPTION **	86)	PLACE OF SERVICE	72	DESCRIPTION	IS . . . . .	.RHC
** OPTION **	87)	PLACE OF SERVICE	81	DESCRIPTION	IS . . . . .	.LAB
** OPTION **	88)	PLACE OF SERVICE	99	DESCRIPTION	IS . . . . .	.OTHERUNLISTED
** OPTION **	89)	TREATMENT ANALYSIS SUBSYSTEM FOR THIS CYCLE IS . . . . .				.ON
** OPTION **	90)	MEMBER SUMMARY SUBSYSTEM FOR THIS CYCLE IS. . . . .				.ON
** OPTION **	91)	PROVIDER SUMMARY SUBSYSTEM FOR THIS CYCLE IS. . . . .				.ON

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR-021 Provider Locality Cross-Reference

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR-021	SRGJQ020	Provider Locality Cross-Reference Report

### Description of Information

The Provider Locality Cross-Reference Report displays the locality cross-reference scheme established for provider peer grouping.

### Purpose

The Provider Locality Cross-Reference Report provides a reference of the provider locality cross-referencing scheme used for quarterly reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Cross-reference code
- *Tertiary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Category of Service	SURS category of service of the sequence reported
Default Assignment	Default value assigned for any detail code not assigned to a cross-reference code
Locality Source	Locality source selected on the Account Cycle Control Data and Customer Options File used for provider peer grouping
Cross-Reference Values:	
Code	Cross-reference value assigned by the user
Description	Cross-reference code description
Original Values:	
Code	Original value cross-referenced, and reported by, the cross-reference value assigned by the user

Description	Original code description
-------------	---------------------------



CATEGORY OF SERVICE - 01 - INPATIENT  
DEFAULT ASSIGNMENT- L99  
LOCALITY SOURCE - CNTY

----CROSS REFERENCE VALUES----		-----ORIGINAL VALUES-----	
CODE	DESCRIPTION	CODE	DESCRIPTION
ALL	ALL	01	Adams
		02	Allen
		03	Bartholomew
		04	Blackford
		05	Benton
		06	Brown

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR-021-E Provider Locality Cross-Reference Edit Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR-021-E	SRGJQ020	Provider Locality Cross-Reference Edit Report

### Description of Information

The Provider Locality Cross-Reference Edit Report displays data keyed into the Provider Locality Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Provider Locality Cross-Reference Edit Report provides a means to verify that the data entered in the Provider Locality Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

AC LB	Account line of business code. IN indicates Indiana and 9 is for Medicaid.
CD ID	Card or input identification code. PLD is valid when TP equal d and PLX is valid when TP is A, B, or C.
CS	Category of service
LC XF	Provider locality cross-reference code assigned to the detail code
TP	Card or input type
Locality Description	Provider locality description as keyed on input types B and D
From	Low code in a range of codes assigned to the cross-reference value
To	High code in a range of codes assigned to the cross-reference value
Edit Message	Message indicates whether any error was found and the nature of the error
Cards Read	Number of inputs acknowledged by the system

Cards Accepted	Number of inputs that passed all edits
Cards Rejected	Number of inputs that failed one or more edits
Total Records Written	Total number of records generated as a result of error-free inputs
Total Masters Displaced	Total number of master records displaced
Total Warning Messages	Number of warning messages displayed on the edit report

*Note: If no errors were encountered in the report, a message File Was Created appears. Otherwise, the message File Was Not Created is printed, indicating that errors must be corrected before the file is created for cycle generation.*

SRGR021 -E

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

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RUN DATE: MM/DD/CCYY

PROVIDER LOCALITY CROSS-REFERENCE EDIT REPORT

PERIOD: MM/CCYY THRU MM/CCYY

```

-----CARD IMAGE-----
AC CD C LC      T LOCALITY DESCRIPTION/
LB ID S XF      P FROM      TO
IN9PLD  01      D Adams
IN9PLD  01      D Allen
IN9PLD  01      D Bartholomew
IN9PLD  01      D Benton
IN9PLD  01      D Blackford
IN9PLD  01      D Boone
IN9PLX25L99    A          99
IN9PLX25ALL    C 01
IN9PLX26L99    A          99
IN9PLX26ALL    C 01

PL23-DETAIL DESCRIPTION ACCEPTED
PL23-DETAIL DESCRIPTION ACCEPTED
PL23-DETAIL DESCRIPTION ACCEPTED
PL23-DETAIL DESCRIPTION ACCEPTED
PL23-DETAIL DESCRIPTION ACCEPTED
PL23-DETAIL DESCRIPTION ACCEPTED
PL20-DETAIL DEFINITION ACCEPTED
PL15-CATEGORY DEFINITION ACCEPTED
PL20-DETAIL DEFINITION ACCEPTED
PL15-CATEGORY DEFINITION ACCEPTED

TOTAL CARDS READ      9,999,999
TOTAL CARDS ACCEPTED  9,999,999
TOTAL CARDS REJECTED  9,999,999
TOTAL RECORDS WRITTEN 9,999,999
TOTAL MASTERS DISPLACED 9,999,999
TOTAL WARNING MESSAGES 9,999,999

```

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR022 Provider Type Cross-Reference

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR022	SRGJQ020	Provider Type Cross-Reference

### Description of Information

The Provider Type Cross-Reference Report displays the type cross-reference scheme established for provider peer grouping.

### Purpose

The Provider Type Cross-Reference Report provides a reference of the provider type cross-referencing scheme used for quarterly reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Cross-reference code
- *Tertiary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Category of Service	SURS category of service of the sequence reported
Default Assignment	Default value assigned for any detail code which was not assigned to a cross-reference code
Cross-Reference Values:	
Code	Cross-reference value assigned by the user
Description	Cross-reference code description
Original Values:	
Code	Original value cross-referenced, and reported by, the cross-reference value assigned by the user
Description	Original code description defined by the user

SRGR022  
RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROVIDER TYPE CROSS-REFERENCE REPORT

PAGE 99,999  
PERIOD: MM/CCYY THRU MM/CCYY

CATEGORY OF SERVICE - 06 - PHYSICIAN

DEFAULT ASSIGNMENT- T99

----CROSS REFERENCE VALUES----		-----ORIGINAL VALUES-----	
CODE	DESCRIPTION	CODE	DESCRIPTION
T08	Clinic	008	Clinic
T08	Advance Practice Nurse	009	Advance Practice Nurse
T08	Mid Level Practitioner	010	Mid Level Practitioner
T08	Physician	031	Physician
CUSTOMER APPROVAL BY _____ DATE _____			



## SRGR022-E Provider Type Cross-Reference Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR022-E	SRGJQ020	Provider Type Cross-Reference Edit

### Description of Information

The Provider Type Cross-Reference Edit Report displays data keyed into the Provider Type Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Provider Type Cross-Reference Edit Report provides a means to verify that the data entered in the Provider Type Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

AC LB	Account line of business code. IN indicates Indiana and 9 is for Medicaid
CD ID	Card or input identification code. Valid values are PTD if TP is D and PTX if TP is A, B, or C.
CS	Category of service
TY XF	Provider type cross-reference code assigned to the detail code
TP	Card or input type. Valid values are A, B, C, or D
Type Description	Provider type description as keyed on input types B and D
From	Low code in a range of codes assigned to the cross-reference value as keyed on input type A and C
To	High code in a range of codes assigned to the cross-reference value as keyed on input type A and C
Edit Message	Message indicates whether any error was found and the nature of the error
Cards Read	Number of inputs acknowledged by the system

Cards Accepted	Number of inputs that passed all edits
Cards Rejected	Number of inputs that failed one or more edits
Total Records Written	Total number of records generated as a result of error-free inputs
Total Masters Displaced	Total number of master records displaced
Total Warning Messages	Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

SRGR022 -E

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

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RUN DATE: MM/DD/CCYY

PROVIDER TYPE CROSS-REFERENCE EDIT REPORT

PERIOD: MM/CCYY THRU MM/CCYY

-----CARD IMAGE-----

AC	CD	C	TY	T	LOCALITY	DESCRIPTION/
LB	ID	S	XF	P	FROM	TO
IN9PTD	01			D	Hospital	
IN9PTD	01			D	Ambulatory Surgical Center	
IN9PTD	01			D	Extended Care Facilities	
IN9PTD	01			D	Rehabilitation Facility	
IN9PTD	01			D	Home Health Agency	
IN9PTD	01			D	Hospice	
IN9PTD	01			D	Capitation Provider	
IN9PTD	01			D	Clinic	
IN9PTD	01			D	Advance Practice Nurse	

----- EDIT MESSAGE -----

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

PL23-DETAIL DESCRIPTION ACCEPTED

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR023 Provider Specialty Cross-Reference Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR023	SRGJQ020	Provider Specialty Cross-Reference Report

### Description of Information

The Provider Specialty Cross-Reference Report displays the specialty cross-reference scheme established for provider peer grouping.

### Purpose

The Provider Specialty Cross-Reference Report provides a reference of the provider specialty cross-referencing scheme used for quarterly reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Cross-reference code
- *Tertiary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Category of Service	SURS category of service of the sequence reported
Default Assignment	Default value assigned for any detail code not assigned to a cross-reference code
Default Force Locality	Default locality value assigned on the Provider Locality cross-reference file
Cross-Reference Values:	
Code	Cross-reference value assigned by the user
Description	Cross-reference code description

Original Values:

Code	Original value cross-referenced, and reported by, the cross-reference value assigned by the user
Description	Original code description.
Force	Force locality used for peer grouping the associated cross-reference specialty code

SRGR023  
99,999  
RUN DATE: MM/DD/CCYY  
MM/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
  
PROVIDER SPECIALTY CROSS REFERENCE REPORT  
  
CATEGORY OF SERVICE - 01 - INPATIENT  
DEFAULT ASSIGNMENT- S99  
DEFAULT FORCE LOCALITY - UNUSED

PAGE  
  
PERIOD: MM/CCYY THRU

----CROSS REFERENCE VALUES----		-----ORIGINAL VALUES-----		
CODE	DESCRIPTION	CODE	DESCRIPTION	FORCE
S010	ACUTE CARE HOSPITAL	010	ACUTE CARE HOSPITAL	
S011	PSYCHIATRIC HOSPITAL	011	PSYCHIATRIC HOSPITAL	
S012	REHABILITATION HOSPITAL	012	REHABILITATION HOSPITAL	
CUSTOMER APPROVAL BY _____ DATE _____				





## SRGR023-E Provider Specialty Cross-Reference Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR023-E	SRGJQ020	Provider Specialty Cross-Reference Edit

### Description of Information

The Provider Specialty Cross-Reference Edit Report displays data keyed into the Provider Specialty Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Provider Specialty Cross-Reference Edit Report provides a means to verify that the data entered in the Provider Specialty Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

AC LB	Account line of business code. IN indicates Indiana and 9 is for Medicaid
CD ID	Card or input identification code. Valid values are PSD if TP is D and PSX if TP is A, B, or C.
CS	Category of service
SP XF	Provider specialty cross-reference code assigned to the detail code
TP	Card or input type
Specialty Description	Provider specialty description as keyed on input types B and D
From	Low code in a range of codes assigned to the cross-reference value
To	High code in a range of codes assigned to the cross-reference value
FCE LOC	Force locality indicator code
Edit Message	Message indicates whether error was found and the nature of the error
Cards Read	Number of inputs acknowledged by the system

Cards Accepted	Number of inputs that passed all edits
Cards Rejected	Number of inputs that failed one or more edits
Total Records Written	Total number of records generated as a result of error-free inputs
Total Masters Displaced	Total number of master records displaced
Total Warning Messages	Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

SRGR023 -E

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

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RUN DATE: MM/DD/CCYY

PROVIDER SPECIALTY CROSS-REFERENCE EDIT REPORT

PERIOD: MM/CCYY THRU MM/CCYY

-----CARD IMAGE-----

AC CD C SP	T	LOCALITY DESCRIPTION/	FCE	----- EDIT MESSAGE -----
LB ID S XF	P	FROM TO	LOC	
IN9PSD 010	D	ACUTE CARE HOSPITAL		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	PSYCHIATRIC HOSPITAL		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	REHABILITATION HOSPITAL		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	AMBULATORY SURGICAL HOSPITAL		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	NURSING FACILITIES		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	ICF/MR		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	PEDIATRIC NURSING FACILITY		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	REHABILITATION FACILITY		PS23-DETAIL DESCRIPTION ACCEPTED
IN9PSD 010	D	HOME HEALTH AGENCY		PS23-DETAIL DESCRIPTION ACCEPTED

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR024 Member Locality Cross-Reference

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR024	SRGJQ020	Member Locality Cross-Reference

### Description of Information

The Member Locality Cross-Reference Report displays the member locality cross-reference scheme established for member peer grouping.

### Purpose

The Member Locality Cross-Reference Report provides a reference of the member locality cross-referencing scheme used for quarterly reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Cross-reference code
- *Secondary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Locality Source	Locality source selected by the user on the Account Cycle Control Data and Customer Options File used for member peer grouping
Default Assignment	Default value assigned for any detail code not assigned to a cross-reference code
Cross-Reference Values:	
Code	Cross-reference value assigned by the user
Description	Cross-reference code description
Original Values:	
Code	Original value cross-referenced, and reported by, the cross-reference value assigned by the user
Description	Original code description defined by the user

SRGR024  
RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
BENEFICIARY LOCALITY CROSS-REFERENCE REPORT

PAGE 99,999  
PERIOD: MM/CCYY THRU MM/CCYY

LOCALITY SOURCE - CNTY  
DEFAULT ASSIGNMENT- L99

----CROSS REFERENCE VALUES----		-----ORIGINAL VALUES-----	
CODE	DESCRIPTION	CODE	DESCRIPTION
L12	Adams	12	Adams
L13	Allen	13	Allen
L14	Bartholomew	14	Bartholomew
L15	Blackford	15	Blackford
L16	Benton	16	Benton
L17	Brown	17	Brown

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

## SRGR024-E Member Locality Cross-Reference Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR024-E	SRGJQ020	Member Locality Cross-Reference Edit

### Description of Information

The Member Locality Cross-Reference Edit Report displays data keyed into the Member Locality Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Member Locality Cross-Reference Edit Report provides a means to verify that the data entered in the Member Locality Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

AC LB	Account line of business code. IN indicates Indiana and 9 is valid for Medicaid.
CD ID	Card or input identification code. BLX is valid when TP is A, B, or C, and BLD is valid when TP is D.
LC XF	Member locality cross-reference code assigned to the detail code
TP	Card or input type
Locality Description	Member locality description as keyed on input types B and D
From	Low code in a range of codes assigned to the cross-reference value
To	High code in a range of codes assigned to the cross-reference value
Edit Message	Message indicates whether any error was found and the nature of the error
Cards Read	Number of inputs acknowledged by the system
Cards Accepted	Number of inputs that passed all edits

Cards Rejected	Number of inputs that failed one or more edits
Total Records Written	Total number of records generated as a result of error-free inputs
Total Masters Displaced	Total number of master records displaced
Total Warning Messages	Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*



SRGR024 -E INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE 99,999  
 RUN DATE: MM/DD/CCYY BENEFICIARY LOCALITY CROSS-REFERENCE EDIT REPORT PERIOD: MM/CCYY THRU MM/CCYY

```

-----CARD IMAGE-----
AC CD C LC T LOCALITY DESCRIPTION/
LB ID S XF P FROM TO

```

IN9BLX	LO1	C 01	01	BL20-DETAIL DEFINITION ACCEPTED
IN9BLD	01	D Adams		BL23-DETAIL DESCRIPTION ACCEPTED
IN9BLX	LO2	C 02	02	BL20-DETAIL DEFINITION ACCEPTED
IN9BLD	02	D Allen		BL23-DETAIL DESCRIPTION ACCEPTED
IN9BLX	LO3	C 03	03	BL20-DETAIL DEFINITION ACCEPTED
IN9BLD	03	D Bartholomew		BL23-DETAIL DESCRIPTION ACCEPTED
IN9BLX	LO4	C 04	04	BL20-DETAIL DEFINITION ACCEPTED
IN9BLD	04	D Benton		BL23-DETAIL DESCRIPTION ACCEPTED
IN9BLX	LO5	C 05	05	BL20-DETAIL DEFINITION ACCEPTED
IN9BLD	05	D Blackford		BL23-DETAIL DESCRIPTION ACCEPTED

```

TOTAL CARDS READ          9,999,999
TOTAL CARDS ACCEPTED      9,999,999
TOTAL CARDS REJECTED      9,999,999
TOTAL RECORDS WRITTEN     9,999,999
TOTAL MASTERS DISPLACED   9,999,999
TOTAL WARNING MESSAGES    9,999,999
CUSTOMER APPROVAL BY _____ DATE _____

```



## SRGR025 Member Aid Category Cross-Reference Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR025	SRGJQ020	Member Aid Category Cross-Reference Report

### Description of Information

The Member Aid Category Cross-Reference Report displays the member aid category cross-reference scheme established for member peer grouping.

### Purpose

The Member Aid Category Cross-Reference Report provides a reference of the member aid category cross-referencing scheme utilized for quarterly reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Cross-reference code
- *Secondary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Default Assignment	Default value assigned for any detail code which was not assigned to a cross-reference code
Default Force Locality	Default locality value assigned by the user on the Beneficiary Locality cross-reference file
Cross-Reference Values:	
Code	Cross-reference value assigned by the user
Description	Cross-reference code description
Original Values:	
Code	Original value cross-referenced, and reported by, the cross-reference value assigned by the user
Description	Original code description defined by the user

**Force**

Force locality used for peer grouping the associated cross-reference aid category code

SRGR025  
RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
BENEFICIARY AID CATEGORY CROSS-REFERENCE REPORT

PAGE 99,999  
PERIOD: MM/CCYY THRU MM/CCYY

DEFAULT ASSIGNMENT- XXAID  
DEFAULT FORCE LOCALITY - UNUSED

----CROSS REFERENCE VALUES----		-----ORIGINAL VALUES-----		
CODE	DESCRIPTION	CODE	DESCRIPTION	FORCE
AFDC	AFDC RELATED MEMBERS	1P	CHILDREN UNDER 19 REFUGE	
		2P	CHILDREN 6-19 REFUGE	
		4	MEDICAID FOR IV-E FOSTER	
		4P	MEDICAID FOR FOSTER CHIL	
		8	MEDICAID FOR IV-E ADOPTI	
		8P	MEDICAID FOR ADOPTION	
		CP	AFDC RELATED REFUGE	

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR025-E Member Aid Category Cross-Reference Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR025-E	SRGJQ020	Member Aid Category Cross-Reference Edit Report

### Description of Information

The Member Aid Category Cross-Reference Edit Report displays data keyed into the Member Aid Category Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Member Aid Category Cross-Reference Edit Report provides a means to verify that the data entered in the Member Aid Category Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

<b>AC LB</b>	Account line of business code. IN indicates Indiana and 9 is valid for Medicaid.
<b>CD ID</b>	Card or input identification code. BAX is valid when TP equal A, B, and C, and BAD is valid when TP is D.
<b>Aid Xref</b>	Member aid category cross-reference code assigned to the detail code
<b>TP</b>	Card or input type
<b>Aid Category Description</b>	Member aid category description as keyed on input types B and D
<b>From</b>	Low code in a range of codes assigned to the cross-reference value
<b>To</b>	High code in a range of codes assigned to the cross-reference value
<b>FCE LOC</b>	Force locality indicator code
<b>Edit Message</b>	Message indicates whether any error was found and the nature of the error
<b>Cards Read</b>	Number of inputs acknowledged by the system
<b>Cards Accepted</b>	Number of inputs that passed all edits
<b>Cards Rejected</b>	Number of inputs that failed one or more edits
<b>Total Records Written</b>	Total number of records generated as a result of error-free inputs
<b>Total Masters Displaced</b>	Total number of master records displaced
<b>Total Warning Messages</b>	Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*



SRGR025 -E

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 99,999

RUN DATE: MM/DD/CCYY

BENEFICIARY AID CATEGORY CROSS-REFERENCE EDIT REPORT

PERIOD: MM/CCYY THRU MM/CCYY

-----CARD IMAGE-----						EDIT MESSAGE
AC CD	AID	T	LOCALITY	DESCRIPTION/	FCE	
LB ID	XREF	P	FROM	TO	LOC	
IN9BAX	AFDCM	C 1		1		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	MEDICAID FOR CHILDREN UNDER 19			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	AFDC	C 1P		1P		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	CHILDREN UNDER 19 REFUGEE			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	AFDCM	C 2		2		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	MEDICAID FOR CHILDREN UNDER 6-19			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	AFDC	C 2P		2P		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	CHILDREN 6-19 REFUGEE			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	CHINS	C 3		3		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	MEDICAID FOR WARDS			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	CHINS	C 3P		3P		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	WARDS REFUGEE			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	AFDC	C 4		4		BA20-DETAIL DEFINITION ACCEPTED
IN9BAD	1	D	MEDICAID FOR IV-E FOSTER CHILDREN			BA23-DETAIL DESCRIPTION ACCEPTED
IN9BAX	AFDC	C 4P		4P		BA20-DETAIL DEFINITION ACCEPTED

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_



## SRGR026 Diagnosis Cross-Reference Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR026	SRGJQ020	Diagnosis Cross-Reference Report

### Description of Information

The Diagnosis Cross-Reference Report displays the diagnosis code cross-reference scheme established for treatment analysis processing.

### Purpose

The Diagnosis Cross-Reference Report provides a reference of the diagnosis code cross-referencing scheme used for treatment analysis processing and reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Cross-reference code
- *Tertiary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

<b>Category of Service</b>	SURS category of service of the cross-referencing scheme reported
<b>Default Assignment</b>	Default value assigned for any detail code which was not assigned to a cross-reference code
<b>Cross-Reference Values:</b>	
<b>Code</b>	Cross-reference value assigned by the user
<b>Description</b>	Cross-reference code description
<b>Original Values:</b>	
<b>From</b>	Original from value in the range of codes to be cross-referenced to, and reported by, the cross-reference value assigned by the user
<b>To</b>	Original to value in the range of codes to be cross-referenced to, and reported by, the cross-reference value assigned by the user
<b>Description</b>	Original code description defined

SRGR026  
RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
DIAGNOSIS CROSS-REFERENCE REPORT

PAGE 99,999  
PERIOD: MM/CCYY THRU MM/CCYY

CATEGORY OF SERVICE - 06 - PHYSICIAN  
DEFAULT ASSIGNMENT- X9999

-----CROSS REFERENCE VALUES-----		-----ORIGINAL VALUES-----	
CODE	DESCRIPTION	FROM/TO	DESCRIPTION
X4010	HYPERTENSIONS*****	38200	ACUTE SUPP OTITIS MEDIA NOS
		38290	OTITIS MEDIA NOS
		40110	BENIGN HYPERTENSION
		40190	
		40210	HYPERTENSION HEART DIS NOS
X4100	ISCHEMIC HEART DISEASE-ACUTE*****	40291	HYPERTENSION HEART DISEASE
		40000	AMI ANTEROLATERAL WAA
		41090	MYOCARDIAL INFARCTION NOS

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

## SRGR026-E Diagnosis Cross-Reference Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR026-E	SRGJQ020	Diagnosis Cross-Reference Edit

### Description of Information

The Diagnosis Cross-Reference Edit Report displays data keyed into the Diagnosis Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Diagnosis Cross-Reference Edit Report provides a means to verify that the data entered in the Diagnosis Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

<b>AC LB</b>	Account line of business code. IN indicates Indiana and 9 is valid for Medicaid.
<b>CD ID</b>	Card or input identification code. DGX is valid when TP is A, B, or C, and DGD is valid when TP is D.
<b>CS</b>	Category of service
<b>Diag XRef</b>	Diagnosis cross-reference code assigned to the detail code
<b>TP</b>	Card or input type
<b>Diagnosis Description</b>	Diagnosis description as keyed on input types B and D
<b>From</b>	Low code in a range of codes assigned to the cross-reference value
<b>To</b>	High code in a range of codes assigned to the cross-reference value
<b>Edit Message</b>	Message indicates whether any error was found and the nature of the error
<b>Cards Read</b>	Number of inputs acknowledged by the system
<b>Cards Accepted</b>	Number of inputs that passed all edits
<b>Cards Rejected</b>	Number of inputs that failed one or more edits
<b>Total Records Written</b>	Total number of records generated as a result of error-free inputs

Total Masters Displaced	Total number of master records displaced
Total Warning Messages	Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

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RUN DATE: MM/DD/CCYY DIAGNOSIS CROSS-REFERENCE EDIT REPORT PERIOD: MM/CCYY THRU MM/CCYY

-----CARD IMAGE-----

AC	CD	C	DIAG	T	LOCALITY	DESCRIPTION/	-----	EDIT MESSAGE	-----
LB	ID	S	XREF	P	FROM	TO			

IN9DGD	00100	D	CHOLERA					DG23-DETAIL DESCRIPTION ACCEPTED	
IN9DGD	04190	D	BACTERIAL INFECTION NOS					DG23-DETAIL DESCRIPTION ACCEPTED	
IN9DGD	04200	D	HIV W/SPECIFIED CONDITIONS					DG23-DETAIL DESCRIPTION ACCEPTED	
IN9DGD	04490	D	HIV NOS					DG23-DETAIL DESCRIPTION ACCEPTED	
IN9DGD	05200	D	CHICKENPOX					DG23-DETAIL DESCRIPTION ACCEPTED	
IN9DGX	X1100	B	MYCOSES*****					DG18-CROSS-REFERENCE DEFINITION ACCEPTED	
IN9DGX	X2100	B	BENIGN NEOPLASMS*****					DG18-CROSS-REFERENCE DEFINITION ACCEPTED	
IN9DGX	X2790	B	IMMUNE DISORDERS*****					DG18-CROSS-REFERENCE DEFINITION ACCEPTED	

TOTAL CARDS READ	9,999,999
TOTAL CARDS ACCEPTED	9,999,999
TOTAL CARDS REJECTED	9,999,999
TOTAL RECORDS WRITTEN	9,999,999
TOTAL MASTERS DISPLACED	9,999,999
TOTAL WARNING MESSAGES	9,999,999

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_





## SRGR027 Procedure Cross-Reference Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR027	SRGJQ020	Procedure Cross-Reference Report

### Description of Information

The Procedure Cross-Reference Report displays the procedure code cross-reference scheme established for treatment analysis processing.

### Purpose

The Procedure Cross-Reference Report provides a reference of the procedure code cross-referencing scheme used for treatment analysis processing and reporting. The report may also be used as a tool in the evaluation of the cross-referencing for purposes of maintaining a statistically valid and treatment-relevant system of peer grouping.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Cross-reference code
- *Tertiary* - Original code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

<b>Category of Service</b>	SURS category of service of the cross-referencing scheme reported.
<b>Default Assignment</b>	Default value assigned for any detail code which was not assigned to a cross-reference code
<b>Cross-Reference Values:</b>	
<b>Code</b>	Cross-reference value assigned by the user
<b>Description</b>	Cross-reference code description
<b>Original Values:</b>	
<b>From</b>	Original from value in the range of codes to be cross-referenced to, and reported by, the cross-reference value assigned by the user
<b>To</b>	Original to value in the range of codes to be cross-referenced to, and reported by, the cross-reference value assigned by the user
<b>Description</b>	Original code description

SRGR027  
 99,999  
 RUN DATE: MM/DD/CCYY  
 MM/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

TYPE SERVICE/PROCEDURE CROSS-REFERENCE REPORT

PAGE

PERIOD: MM/CCYY THRU

CATEGORY OF SERVICE - 06 - PHYSICIAN  
 DEFAULT ASSIGNMENT- X9999

-----CROSS REFERENCE VALUES-----		-----ORIGINAL VALUES-----	
CODE	DESCRIPTION	FROM/TO	DESCRIPTION
X5-008	LAB - MICROBIOLOGY*****	-86999	UNLISTED IMMUNOLOGY PROCEDURE
		-87001	ANIMAL INOCULATION, SMALL ANIMAL WITH OBSERVATION
		-87999	UNLISTED MICOBIOLOGY PROCEDURE
X5-009	LAB - ANATOMIC PATHOLOGY*****	-88104	CYTOPATH FID EXCEPT
		-88199	UNLISTED CYTOPATH PROCEDURE
		-P3000	SCREENING PAP SMEAR BY TECH
		-P3001	SCREENING PAP SMEAR BY PHYSICIAN
		-Q0091	SCREENING PAP SMEAR
		-Q0091	SCREENING PAP SMEAR
X5-010	LAB - SURGICAL PATHOLOGY*****	-88300	SURGICAL PATHOLOGY, GROSS EXAMINATION ONLY
		-88399	UNLISTED SURGICAL PATHOLOGY PROCEDURE

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

## SRGR027-E Procedure Cross-Reference Edit Report

Functional Area	Report Number	Job Name	Report Title
SURS	SRGR027-E	SRGJQ020	Procedure Cross-Reference Edit

### Description of Information

The Procedure Cross-Reference Edit Report displays data keyed into the Procedure Cross-Reference Control File and error messages for any formatting or relationship errors that may have occurred during input.

### Purpose

The Procedure Cross-Reference Edit Report provides a means to verify that the data entered in the Procedure Cross-Reference Control File is correct in format. When edit messages indicate errors have occurred, the incorrect data must be corrected and resubmitted for editing until no errors are identified.

### Sort Sequence

- *Primary* - Input order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

AC LB	Account line of business code. IN indicates Indiana and 9 is valid for Medicaid.
CD ID	Card or input identification code. TPX is valid when TP is A, B, or C, and TPD is valid when TP is D.
CS	Category of service
PRC Xref	Procedure cross-reference code assigned to the detail code
TP	Card or input type
Procedure Description	Procedure description as keyed on input types B and D
From	Low code in a range of codes assigned to the cross-reference value
To	High code in a range of codes assigned to the cross-reference value
Edit Message	Message indicates whether any error was found and the nature of the error
Cards Read	Number of inputs acknowledged by the system
Cards Accepted	Number of inputs that passed all edits
Cards Rejected	Number of inputs that failed one or more edits
Total Records Written	Total number of records generated as a result of error-free inputs
Total Masters Displaced	Total number of master records displaced

**Total Warning Messages**

Number of warning messages displayed on the edit report

*If no errors were encountered in the report, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

SRGR027 -E INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM PAGE 99,999  
RUN DATE: MM/DD/CCYY TYPE SERVICE/PROCEDURE CROSS-REFERENCE EDIT REPORT PERIOD: MM/CCYY THRU MM/CCYY

-----CARD IMAGE-----

AC	CD	C	TSPRC	T	TYPE	SERVICE	PROCEDURE	DESCRIPTION/	EDIT MESSAGE
LB	ID	S	XREF	P	FROM	TO			
IN9TPD			00100D				ANESTHESIA		TP23-DETAIL DESCRIPTION ACCEPTED
IN9TPD			04190D				TRANSVENOUS UMBRELLA INSERTION		TP23-DETAIL DESCRIPTION ACCEPTED
IN9TPD			04200D				ANESTHESIA FOR PROC ON PERINEAL		TP23-DETAIL DESCRIPTION ACCEPTED
IN9TPD			04490D				UNLISTED ANESTHESIA PROCEDURE		TP23-DETAIL DESCRIPTION ACCEPTED
IN9TPD			05200D				UNLISTED ARTHROSCOPY		TP23-DETAIL DESCRIPTION ACCEPTED
IN9TPX06X1100				C		Q0091			TP20-DETAIL DEFINITION ACCEPTED
IN9TPX06X2100				C		Q0092			TP20-DETAIL DEFINITION ACCEPTED
IN9TPX06X2790				C		X3640			TP20-DETAIL DEFINITION ACCEPTED
TOTAL CARDS READ									9,999,999
TOTAL CARDS ACCEPTED									9,999,999
TOTAL CARDS REJECTED									9,999,999
TOTAL RECORDS WRITTEN									9,999,999
TOTAL MASTERS DISPLACED									9,999,999
TOTAL WARNING MESSAGES									9,999,999
CUSTOMER APPROVAL BY _____ DATE _____									



**SRG-9001-M EOMB Letters – Monthly**

Functional Area	Report Number	Job Name	Report Title
SURS	SRG-9001-M	SRGJQ020	EOMB Letters – Monthly

**Description of Information**

**\*\*This report is currently in SME review. 12/27/00**





**SRG-9001-W EOMB Member Letters – Weekly**

Functional Area	Report Number	Job Name	Report Title
SURS	SRG-9001-W	SRGJQ020	EOMB Member Letters – Weekly

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**



## Section 22: SUR Reports

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### **SUR-0001-D Linked/Unlinked Lock-In Members**

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0001-D	ELGJD017	Linked/Unlinked Lock-In Members

#### **Description of Information**

When two existing members are linked or unlinked, and their lock-in segments differ, a report detail is created. The report detail is to list the RID, the name of the member corresponding to the RID, and the old RID.

#### **Purpose**

This report will display members that have been linked or unlinked and have differences in their lock-in segments.

#### **Sort Sequence**

- *Primary* - Part I, linked members by old RID
- *Secondary* - Part II, un-linked members by old RID

#### **Distribution**

To	Media	Copies	Frequency
Requestor	CRLD	1	Daily

#### **Detailed Field Definitions**

<b>Old RID</b>	Displays member's old member identification number
<b>Member Name</b>	Displays member's last name, first name, and middle initial
<b>New RID</b>	Displays member's new member identification number

Report: SUR-0001-D  
Process: ELGJD017  
Location: SUR0001D

IndianaAIM  
LINKED LOCK-IN MEMBERS

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99,999

OLD RID	MEMBER NAME (LAST, FIRST, M)	NEW RID
*** No Un-Linked Member Data for this Report ***		

Report: SUR-0001-D  
Process: ELGJD017  
Location: SUR0001D

IndianaAIM  
UNLINKED LOCK-IN MEMBERS

Run Date: MM/DD/CCYY  
Run Time: HH:MM:SS  
Page: 99,999

OLD RID	MEMBER NAME (LAST, FIRST, M)	NEW RID
*** No Un-Linked Member Data for this Report ***		



## SUR-0222-Q Summary Category Code Activity

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0222-Q	DSIBMU21	Summary Category Code Activity

### Description of Information

The Summary Category Code Activity Report provides a total count of the active details for every extract code used in the summary profile line-item building process.

### Purpose

This report is used to analyze the volume of use of standard extract codes and summary extract codes that are defined on the Summary Line Item Control File. Codes having no activity or low volume are evaluated for possible removal from the line items so that they may be replaced by codes that generate more meaningful data.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Category code

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly

### Detailed Field Definitions

<b>Category of Service</b>	Category of service for which extract code activity is reported
<b>Report Sequence</b>	Report sequence for which extract code activity is reported
<b>Specialties</b>	Specialty code(s) for which extract code activity is reported
<b>Extract Code</b>	Summary extract code requested, as defined on the Summary Profile Line Item Control File
<b>From Value</b>	From value used for the extract code range of values
<b>To Value</b>	To value used for the extract code range of values
<b>Matrix Cell</b>	Category code assigned to this extract code as defined in the Summary Profile Line Item Control File
<b>Active Details</b>	Number of times the extract code within the category code occurred on the claims reported in the summary profiles

REPORT: SUR-0222-Q	INDIANA	PAGE: 99,999
PROCESS: DSIBMU21		RUN DATE: MM/DD/CCYY
LOCATION: HUGS221B	SUMMARY CATEGORY CODE ACTIVITY REPORT	RUN TIME: 14:42:48
CATEGORY OF SERVICE - 01 - INPATIENT		
REPORT SEQUENCE - A	SPECIALTIES - S010	
STANDARD/SUMMARY	FROM	TO
EXTRACT CODE	VALUE	VALUE
		MATRIX CELL
		ACTIVE DETAILS
IP		456
MD		500
CLM-TSP	I-0240	I-0409 61 395
CLM-TSP	I-0460	I-0469 61 3,709
CLM-TSP	I-0610	I-0639 61 2,132
CLM-TSP	I-0710	I-0719 61 145
CLM-TSP	I-0730	I-0749 61 114
CLM-TSP	I-0920	I-0929 61 88
DOW-TSP	FRI-0450	FRI-0459 14 120
DOW-TSP	SAT-0450	SAT-0459 14 17
DRG	0468	0468 71 11
DRG	0476	0477 71 0
DRG	0469	0470 72 23
DRG	0700	0716 73 17
DRG	0602	0619 74 44
DRG	0621	0624 74 35
DRG	0626	0628 74 0
DRG	0630	0630 74 0
DRG	0635	0635 74 45
DRG	0637	0641 75 25
DRG	0620	0620 75 12
DRG	0625	0625 75 122



## SUR-0270-A Peer Group Norms and Pattern Detail

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0270-A	DSIBMU25	Peer Group Norms and Pattern Detail

### Description of Information

The Peer Group Norms and Pattern Details Report displays the provider ratios of procedure use per 100 members treated in a diagnosis category, by a peer group. The ratios for all providers are averaged to determine the peer group mean. The deviation for each provider, above or below the mean, is calculated and the value of an average or standard deviation is determined for all providers. The user supplies a standard deviation multiplier by which the value of the standard is multiplied to establish an allowable margin. The mean is increased and decreased by this allowable margin to establish the high and low utilization limits for the procedure code and diagnosis combination for the peer group. These limits are the high and low utilization norms.

The utilization ratios of the individual providers are shown in ascending order from left to right on the report along with their provider numbers. Providers whose ratios are above the high norm or less than the low norm are flagged as exceptions. High exceptions are indicated with an **H** and low exceptions are indicated with an **L**.

### User Options

#### Standard Deviations

The number of standard deviations used in computing the norm must be specified. Value of one standard deviation is multiplied by the user-supplied allowance. Two is a common multiple. Currently set at **2**.

#### Minimum Members

User-specified number of members a provider must treat with the diagnosis and procedure combination before the activity is included in the computation. Currently set at **5**.

#### Minimum Services

User-specified number of services for the diagnosis and procedure combination that each provider must perform before inclusion in the computation. Currently set at **1**.

#### Minimum Providers

Minimum number of providers who must meet the minimum members and services criteria before a norm is computed on a diagnosis and procedure combination. Currently set at **10**.

### Purpose

When documenting a provider case for exceptional procedure over utilization, this report may be referred to for additional information concerning the utilization patterns of the other providers who used the diagnosis and procedure and the individual provider's actual rank among peers.

### Sort Sequence

- *Primary* - Peer group

- *Secondary* - Diagnosis group
- *Tertiary* - Procedure group
- *Quaternary* - Detail procedure

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	CRLD	0	Annually

### Detailed Field Definitions

Standard Deviation Mult.

User-controlled factor to determine how many standard deviations are added to and subtracted from the mean to establish the high and low norms. Currently set at **2**.

Minimum Providers

Minimum number of providers in the peer group who performed the procedure for the diagnosis before a norm is calculated. Default value is 3. Currently set at **10**.

Minimum Members

Minimum number of members treated for the diagnosis by a provider before he or she is included in the norm calculation. Default value is 1. Currently set at **5**.

Minimum Services

Minimum number of services a provider must perform for the diagnosis and procedure before he is included in the norm calculation. Default value is 1. Currently set at **1**.

Report Location

Identifies the cross-reference locality of the peer group reported

Type

Identifies the cross-reference type of the peer group reported

Specialty

Identifies the provider specialty of the peer group reported

Diagnosis Group

Cross-reference diagnosis code and description reported

Procedure Group

Procedure code and description reported. Ratios and norms for the cross-reference code appear first, followed by the detail codes in the group for which norms were calculated.

Avg Bil/Sv

Average amount billed by the peer group for the procedure

Avg \$/Svc = Total amt billed by peer group for diag/proc

Total num svcs performed by peer group

Provs

Number of providers in the peer group performing the procedure for the stated diagnosis. To ensure an adequate database when computing these norms, certain user-defined minimum standards must be met.

Mean

Average of all the individual provider ratios listed for the peer group

Std Deviation

Value of one standard deviation. Standard deviation is the average of all provider variances above or below the peer group mean

Norm – Low

Mean less X number of standard deviations, where X is a user-supplied value

Norm – High

Mean plus X number of standard deviations, where X is a user-supplied value

	value
Ratio	Ratio of services per 100 members with the stated procedure. The formula is: $\frac{100 \times \text{\# of services for procedure}}{\text{\# of recips with procedure}}$
Provider	Provider ID number associated with the calculated ratio
Flags	Number of providers who exceeded the norms, high or low, for the procedure. Exception providers are either flagged <b>H</b> or <b>L</b> on the detail lines.

REPORT: SUR-0270-A  
PROCESS: DSIBMU25  
LOCATION: HUGP270B

INDIANA-IM  
  
PEER GROUP NORMS AND PATTERN DETAILS REPORT

PAGE 99,999  
RUN DATE: MM/DD/CCYY  
RUN TIME: 07:02:45

STANDARD DEVIATION MULTIPLIER - 99.99      MINIMUM PROVIDERS - 99,999      MINIMUM MEMBERS - 99,999      MINIMUM SERVICES - 99,999

REPORT-LOCATION - XXX XXXXXXXX      TYPE - XXXX XXXXXXXX      SPECIALTY - XXXX XXXXXXXXXXXXXXXX

DIAGNOSIS GROUP - XXXXXX - XX

PROCEDURE GROUP - XXX-XXX - XX										-----NORM-----	
XXXXXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXX				AVG BIL/SV    PROVS		MEAN	STD DEV	LOW	HIGH
						999,999,999.99    9		999.99	999.99	999.99	999.99
RATIO	PROVIDER	RATIO	PROVIDER	RATIO	PROVIDER	RATIO	PROVIDER	RATIO	PROVIDER	FLAGS	
99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX		
99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX		
99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX		
99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX	99999.99	XXXXXXX		
											999

## SUR-0271-A Provider Ratio Distribution

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0271-A	DSIBMU25	Provider Ratio Distribution

### Description of Information

The Provider Ratio Distribution Report is a complementary report of the Peer Group Norms and Pattern Details Report. The report shows what ratio occurs at each of eight user-supplied percentiles for a given peer group. High and low percentiles are selected. The values of the ratios at these percentiles are used as the high and low norms on the Provider Treatment Exception Reports. Any provider whose ratio falls outside the range is assigned utilization weight for the exception.

The percentile report works in the following manner: ratios are calculated for all providers in the peer group who meet the minimum activity requirements; should the peer group have 100 provider ratios for the procedure with percentiles set at 5 percent, 10 percent, 90 percent, 95 percent, the report shows which ratio represented the lower 10 percent of the population, and so on. Each percentile level includes all provider ratios in the preceding percentile(s). In other words, the ratio at the tenth percentile includes providers from the fifth percentile.

This report includes essentially the same information as the Peer Group Norms and Pattern Details Report with the following differences:

1. Providers included in the calculations are not shown with their individual ratios.
2. High and low norms are established, based on different criteria; therefore, the values established will vary between the two reports.

The more providers in a particular peer group, the more meaningful the report. Provider activity minimums are established by the user for this report just as they are for the Peer Group Norms and Pattern Details Report.

### User Options

Percentiles	User-specified eight percentiles for reporting. <b>5, 10, 25, 50, 95, 98</b>
Minimum Providers	Minimum number of providers who must meet the minimum activity requirements before a norm is computed on a diagnosis and procedure combination. Currently set at <b>10</b> .
Minimum Members	User-specified number of members a provider must treat with the diagnosis and procedure combination before the activity is included in the computation. Currently set at <b>5</b> .
Minimum Services	User-specified number of services for the diagnosis and procedure combination that each provider must perform for inclusion in the computation. Currently set at <b>1</b> .

## Purpose

This report may be used in a manner similar to the Peer Group Norms and Pattern Details Report for comparing a provider to the activity of his peers. For states with substantial data, using the high and low norms established by percentiles of the provider population may be more accurate and more appropriate than by adding a fixed number of standard deviations. The distribution curve for percentiles is similar to that for norms, except that the exception point is for Xpercent of the providers, rather than the calculated value of a standard deviation.

## Sort Sequence

- *Primary* - Peer group
- *Secondary* - Diagnosis group
- *Tertiary* - Procedure group
- *Quaternary* - Detail procedure

## Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	CRLD	0	Annually

## Detailed Field Definitions

Low Percentile	User-selected percentile that determines the low norm for the peer group. Currently set at <b>5</b> .
High Percentile	User-selected percentile that determines the high norm for the peer group. Currently set at <b>90</b> .
Minimum Providers	Minimum number of providers in the peer group who met the minimum activity requirements before a ratio distribution is calculated. Default value is 3. Current value is <b>10</b>
Minimum Members	Minimum number of members treated for the diagnosis by a provider before he or she is included in the norm calculation. Default value is 1. Current value is <b>5</b> .
Minimum Services	Minimum number of services a provider must perform for the diagnosis and procedure before he is included in the norm calculation. Default value is 1. Current value is <b>1</b> .
Report Location	Identifies the cross-reference locality of the peer group reported.
Type	Identifies the cross-reference type of the peer group reported.
Specialty	Identifies the cross-reference specialty of the peer group reported.
Diagnosis Group	Cross-reference diagnosis code and description reported.

Age Group	Member age group reported if the user applies this option. Currently <b>off</b> .
Sex	The patient sex category reported if the user applies this option. Currently <b>off</b> .
Low	Indicates which of the percentiles selected by the user as the low norm. Currently set at <b>5</b> .
High	Indicates which of the percentiles was selected by the user as the high norm. Currently set at <b>90</b> .
Percentiles	Eight percentile breaks selected by the user to reflect distribution of the provider ratios. <b>5, 10, 25, 50, 75, 90, 98</b>
Procedure	Procedure code reported. Cross-reference code appears first followed by the detail codes in the cross-reference group.
Description	Procedure description that corresponds to the code reported.
Ratios	Ratio of services per 100 members that corresponds to each of the user-selected percentiles.

REPORT: SUR-0271-A  
PROCESS: DSIBMU25  
LOCATION: HUGP270B

INDIANA  
INDIANAIM  
PROVIDER RATIO DISTRIBUTION REPORT

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RUN DATE: MM/DD/CCYY  
RUN TIME: 07:02:45

LOW PERCENTILE - 99.99    HIGH PERCENTILE - 99.99    MINIMUM PROVIDERS - 99999    MINIMUM MEMBERS - 99999    MINIMUM SERVICES - 99999

REPORT-LOCATION - XXX XXXXXXX    TYPE - XXXX XXXXXXX    SPECIALTY - XXXX XXXXXXXXXXXXXXX

DIAGNOSIS GROUP - XXXXXX - XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

		-----PERCENTILES-----							
PROCEDURE	DESCRIPTION	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99	99999.99



## SUR-0290-A Treatment Criteria Analysis

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0290-A	DSIBMU25	Treatment Criteria Analysis

### Description of Information

The Treatment Criteria Analysis Report analyzes each procedure code used by the peer group for a diagnosis and determines its probability of occurrence, based on the percent of members who received the procedure. The report establishes that, for this diagnosis treated by this provider peer group, these procedures should occur, these may or may not occur, and these occur only in rare cases. Criteria conditions of Required, Optional, and Never are assigned, based on user-defined percentages. For the purpose of example, 90 percent is used as the upper bound parameter and 10 percent is used as the lower bound parameter. Any procedure that occurs on 90 percent to 100 percent of the members with the diagnosis is considered a Required procedure. Any procedure used on 10 percent or less of the members is considered a Never procedure. Any procedure used in the range from 11 percent to 89 percent is considered Optional.

### User Options

Criteria Probability	Upper bound and lower bound percentages must be determined by the user. Currently <b>10</b> and <b>90</b> .
Required Lower Bound	Percentage selected by the user to establish the lower limit for a required procedure. Currently set at <b>10</b> .
Not Required Upper Bound	Percentage selected by the user to establish the upper limit for a never procedure. Currently set at <b>90</b> .
Report Locality	Identifies the cross-reference locality of the peer group reported
Type	Identifies the cross-reference type of the peer group reported
Specialty	Identifies the cross-reference specialty of the peer group reported
Diagnosis	Cross-reference diagnosis code and description reported
Age Group	Member age group reported if the user applies this option. Currently <b>off</b> .
Sex	Member sex category reported if the user applies this option. Currently <b>off</b> .
Number Provs Rptng Dx	Total number of providers in the peer group who treated members with the specified diagnostic category and the percentage of the total peer group represented
Diagnosis Occurrence	Number of times the diagnosis occurred and the percentage of the total member count treated by the peer group who were treated for the diagnosis

## Purpose

The Member Utilization Percent and the Average Services per Member, as shown on the Treatment Criteria Analysis Report, appear on the Phase III Provider Treatment Analysis Report. The peer group statistics are compared to the individual provider's utilization of each procedure for each diagnostic category. Criteria weight is assigned if a provider over-utilizes a never procedure or under utilizes a required procedure on the Provider Treatment Analysis Report in Phase III.

The Treatment Criteria Analysis Report may be used for additional documentation in provider case reviews. The number of providers in the peer group who used a procedure code may be referred to. In some cases of over utilization, the provider investigated may be the only one who used the procedure. Therefore, this one provider has established the peer group's probability of occurrence. If the number of services was high and the provider treated a significant number of members with this diagnosis, the criteria condition for the peer group may be established as optional. In this case, no exception weight is assigned. This type of information is significant when documenting that a provider is deviating from normal practice.

Based on the criteria conditions established on this report, prepayment or medical policy claim audits may be established to limit procedures to the treatment of certain diagnoses.

## Sort Sequence

- *Primary* - Peer group
- *Secondary* - Diagnosis group
- *Tertiary* - Procedure group
- *Quaternary* - Detail procedure

## Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	CRLD	0	Annually

## Detailed Field Definitions

Line Number	Sequence number of procedure code cross-reference value. Ranking is by number of providers using this procedure code cross-reference.
Procedure	Procedure code. An X preceding the code indicates the cross-reference value that appears on the first line in the group. Detail codes appear in numeric order.
Description	Narrative description of the procedure. Cross-reference value description is user-defined. Descriptions for original value codes are taken from the procedure file.
Provider Utilization:	

<b>Count</b>	Number of providers within the peer group who performed services for each procedure code for members in the diagnostic category.
<b>Pcnt</b>	Percentage of the peer group that provided services for the stated diagnosis and procedure combination.
<b>Member Utilization:</b>	
<b>Count</b>	Number of members who received the procedure for the stated diagnosis
<b>Pcnt</b>	Percentage of members within the diagnostic category who received services for this procedure. This utilization percentage will establish the criteria condition for the procedure group.
<b>Accum Prob</b>	Probability of receiving a procedure in combination with those that appear above it
<b>Average Svcs</b>	Average number of services received per member within the diagnosis and procedure combination
<b>Billed</b>	Average amount billed per member for the stated diagnosis and procedure combination
<b>Paid</b>	Average amount paid per member for the diagnosis and procedure combination
<b>Cri</b>	Criteria condition (required, optional, or never), as determined by the probability of a member receiving services for the cross-referred to procedure in the diagnosis category, based on the user supplied limits. These criteria conditions are assigned to the procedure cross-reference values, but not to the detail codes. Member utilization percentage for each procedure cross-reference code is the base for assigning the criteria condition.
<b>Req</b>	Occurs for at least X* percent of all members within the diagnostic category.
<b>Opt</b>	Occurs for less than X* percent of all members within the diagnostic category.
<b>Nev</b>	Occurs for no more than Y* percent of all members within the diagnostic category.
	*The values of X and Y are user-defined.

REPORT: SUR-0290-Q  
PROCESS: DSIBMU25  
LOCATION: HUGP270B

INDIANAIM  
  
TREATMENT CRITERIA ANALYSIS REPORT

PAGE 99,999  
RUN DATE: MM/DD/CCYY  
RUN TIME: 07:02:45

PROBABILITIES - REQUIRED LOWER BOUND 999.99 NOT REQUIRED UPPER BOUND 999.99

REPORT-LOCALITY - XXXX XXXXXXXXXXXXXXXX  
DIAGNOSIS - XXXXXX - XXXXXXXXXXXXXXXXXXXX

TYPE - XXXX XXXXXXXXXXXXXXXX

SPCECIALTY - XXXX - XXXXXXXXXXXXXXXX

NUMBER OF PROVIDERS REPORTING THIS DIAGNOSIS - 999,999 - 999.99%							DIAGNOSIS OCCURRENCE - 99,999 - 999.99%				
LINE NO.	PROCEDURE	DESCRIPTION	PROVIDER-UTIL		CLIENT-UTIL		ACCUM	-----AVERAGE-----			
			COUNT	PCNT	COUNT	PCNT	PROB	SVCS	BILLED	PAID	CRI
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX
X	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXX	9999	999.99	9,999	999.99	9.999	999.99	999.99	99.99	XXX

## SUR-0302-D Selected Provider Edit Report

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0302-D		Selected Provider Edit Report

### Description of Information

The Selected Provider Edit report contains the selected providers for State-required reports. Selected provider reports are produced from State criteria, and only the reports that are needed are produced. The user may specify different date ranges, from one to 15 months of information. The 30 file is input into this report that lists selected provider numbers and the selection criteria for those providers. With this option, only the amount of history needed on each provider is generated.

### Purpose

### Sort Sequence

- *Primary* - Provider

### Distribution

To	Media	Copies	Frequency
HCE	Paper	1	On Request

### Detailed Field Definitions

Prov	Selected provider's number
Rqst Num	Initials of the person requesting the report
CT	Card type indicator used to identify the report selection, date type, sort option, or date range of the line item.
S	
From	Start date of service
To	End date of service
RS	
Pct	In this field, the user enters the percentage of the volume desired (000-100) for SRGR133 (Random Sample Select Provider Claim Detail Report) for this provider. This field must have zeros the first time the reports are generated. After the user reviews SRGR132 (Selected Provider Summary Report For Statistical Sampling), the desired percentages are entered. When the user enters a percentage, the SRGR133 (Random Sample Select Provider Claim Detail Report) is generated.

<b>Dat Typ</b>	Type of date to be used for selecting claims for this request. Valid values are DOS (Date of Service) and DOP (Date of Payment).
<b>HT</b>	
<b>RT</b>	
<b>TT</b>	
<b>Sort Option</b>	<p>This field is the user selected Sort Options. The sort options are</p> <ul style="list-style-type: none"> <li>A) Client, DOS, Procedure Code</li> <li>B) Client, Provider, Procedure Code, DOS</li> <li>C) Client, Procedure Code, DOS</li> <li>D) Procedure Code, DOS, Client</li> <li>E) Client, Date of payment, Procedure</li> <li>F) DOS, Procedure, Client</li> <li>G) Client, DOS, TCC, Procedure H) Client, Referring provider, Procedure, DOS</li> <li>I) Client, DOS, Procedure, POS</li> <li>J) Client, Procedure, DOS, POS</li> <li>K) POS, DOS, Procedure, Client</li> <li>L) Funding source, client, DOS</li> <li>M) DOS</li> </ul>
<b>PS</b>	
<b>BS</b>	
<b>PG</b>	
<b>SS</b>	Summary Select indicator. A “Y” in this field requests that a SRGR322 (Provider Summary Profile Report {Selected}) be produced, and an “N” in this field indicates the report will not be produced.
<b>TS</b>	Treatment Analysis Select indicator. A “Y” in this field requests that a SRGR432 (Provider Treatment Analysis Report (Selected)) be produced, and an “N” in this field indicates the report will not be produced.
<b>Message</b>	Edit message indicates if any error is found and the nature of the error. If no errors are found, the message states: “The Selected Provider Passes All Edits”. A list of the error messages and their meanings are in the file maintenance section of this manual.
<b>Records Processed</b>	Number of records processed

REPORT: SUR-0302-D  
 PROCESS: SRGJD130  
 LOCATION: SRGP0302

IndianaAIM  
 SELECTED PROVIDER EDIT REPORT

PAGE NUM: 999  
 RUN DATE: MM/DD/CCYY

RQST	C	S	----- HISTORY -----	R	PCT	DAT	H	R	T	SORT	P	B	P	S	T
PROV	NUM	T	FROM	TO S	TYP	T	T	T	OPTION	S	S	G	S	S	
MESSAGE															
999999999		XXX	A	N	MM/DD/CCYY - MM/DD/CCYY	C	100	DOS			XX				
PROVIDER SELECTION PROCESSED															
999999999		XXX	A	N	MM/DD/CCYY - MM/DD/CCYY	C	100	DOS			XX				
PROVIDER SELECTION PROCESSED															
SELECTION CRITERIA: E - CATEGORY OF SERVICE 01 - 01															
SELECTION CRITERIA: E - CATEGORY OF SERVICE 01 - 01															
999999999		XXX	A	N	MM/DD/CCYY - MM/DD/CCYY	C	100	DOS			XX				
PROVIDER SELECTION PROCESSED															
SELECTION CRITERIA: E - CATEGORY OF SERVICE 01 - 01															
999999999		XXX	A	N	MM/DD/CCYY - MM/DD/CCYY	C	100	DOS			XX				
PROVIDER SELECTION PROCESSED															
SELECTION CRITERIA: E - CATEGORY OF SERVICE 01 - 01															
999999999		XXX	A	N	MM/DD/CCYY - MM/DD/CCYY	C	100	DOS			XX				
PROVIDER SELECTION PROCESSED															
RECORDS PROCESSED 9															





**SUR-0310-M Selected Beneficiary Edit Report**

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0310-M		Selected Beneficiary Edit Report

**Description of Information****Purpose****Sort Sequence**

- Primary - Provider

**Distribution**

To	Media	Copies	Frequency
HCE	Paper	1	Monthly

**Detailed Field Definitions**

Beneficiary Number	Selected member's number
Rqst Num	Initials of the person requesting the report
CT	Card type indicator used to identify the report selection, date type, sort option, or date range of the line item.
S	
From	Start date of service
To	End date of service
TP	
SR	
Dat Typ	Type of date to be used for selecting claims for this request. Valid values are DOS (Date of Service) and DOP (Date of Payment).
TT	

Message	Edit message indicates if any error is found and the nature of the error. If no errors are found, the message states: "The Selected Provider Passes All Edits". A list of the error messages and their meanings are in the file maintenance section of this manual.
Total Cards Read	Number of cards read into the system
Total Cards Accepted	Number of cards accepted by the system
Total Cards Rejected	Number of cards rejected by the system

REPORT:	SUR-0310-M	IndianaAIM	PAGE NUM:	999
PROCESS:	DSIBMU60		RUN DATE:	MM/DD/YY
LOCATION:	HUGP030B	SELECTED BENEFICIARY EDIT REPORT	RUN TIME:	HH:MM:SS

-----CARD IMAGE-----

BENEFICIARY	RQST	C	---	HISTORY	---	T	S	DTA	T	
NUMBER	NUM	T	SFROM	TO	P	R	TYP	T	----- EDIT MESSAGE -----	
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS 999999999999		XXXX	A	MMDDCCYYMMDDCCYY				N	E	DOS N BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS

IN9BNS	999999999999	XXXX	A	MMDDCCYYMMDDCCYY	N	E	DOS	N	BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS
IN9BNS	999999999999	XXXX	A	MMDDCCYYMMDDCCYY	N	E	DOS	N	BN01 0 SELECTED BENEFICIARY PASSES ALL EDITS

TOTAL CARDS READ 999

TOTAL CARDS ACCEPTED 999

TOTAL CARDS REJECTED 999

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

## SUR-0400-Q Member Extract Definition Edit and SUR-0500-Q Provider Extract Definition Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0400-Q SUR-0500-Q	SRGJQ040	Member Extract Definition Edit

### Description of Information

The Extract Definition Edit Report (SUR-0400-Q for members, SUR-0500-Q for providers) lists the extract definition inputs and any associated error messages.

### Purpose

The Extract Definition Edit Report provides a means to verify the entry of summary extract input formats. Any errors identified must be corrected and a clean edit report produced before the quarterly cycle may commence.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Report sequence
- *Tertiary* - Category code
- *Quaternary* - Input type

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request

### Detailed Field Definitions

Run Date	Date the report was produced
Report Sequence	Indicates the report sequence, when the multiple report option is used
Category of Service	SURS category of service of the profile line item scheme reported
Period	Current cycle period
Specialties / Aid Categories	For provider reports, the specialty groups included in the report sequence. For beneficiary reports, the aid category groups for the report sequence. This applies only when the multiple report option is used.
Card Image	Exact image of the extract definition inputs

Error Messages	Describes any errors detected during the edit process. If none were found on the input, this is also indicated.
Cards Read	Number of inputs acknowledged by the system
Cards Accepted	Number of inputs that passed all edits
Cards Rejected	Number of inputs that failed one or more edits
Edit Messages	Number of warning messages displayed on the edit report

*If no errors were encountered in the report sequence, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

REPORT: SUR-0400-Q  
PROCESS: SRGJQ040  
LOCATION: SRGP0402

INDIANA AIM  
  
INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 99,999  
RUN DATE: MM/DD/CCYY  
RUN TIME: 11:50:06

MEMBER EXTRACT DEFINITION EDIT REPORT

PERIOD: MM/CCYY THRU MM/CCYY

REPORT SEQUENCE - X  
-----CARD IMAGE-----  
0000000001111111112222222233333333334444444455555555666666667777777778  
1234567890123456789012345678901234567890123456789012345678901234567890

AID CATEGORIES - XXXXXXXX  
----- ERROR MESSAGES -----

IN9BXT A A AGED  
  
MEMBER AID CROSS REFERENCE DESCRIPTION  
AGED -AGED MEMBERS

\*\* NO ERRORS \*\*

IN9BXT A D 11 Physicians  
IN9BXT A E 11 PVT  
IN9BXT A E 031 031

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

IN9BXT A D 11 Chiropractors  
IN9BXT A E 11 PVT  
IN9BXT A E 015 015

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

IN9BXT A D 11 Pharmacies  
IN9BXT A E 11 PVT  
IN9BXT A E 024 024

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

REPORT: SUR-0400-Q  
PROCESS: SRGJQ040  
LOCATION: SRGP0402

INDIANAAAIM  
  
INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE: 99,999  
RUN DATE: MM/DD/CCYY  
RUN TIME: 11:50:06

IN9BXT A D 11  
IN9BXT A E 11 PVT  
IN9BXT A E 026

Transportation  
  
026

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

IN9BXT A D 11  
IN9BXT A E 11 PVT  
IN9BXT A E 027

Dentists  
  
027

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

IN9BXT A D 11  
IN9BXT A E 11 PVT  
IN9BXT A E 018

Optometrists  
  
019

\*\* NO ERRORS \*\*  
\*\* NO ERRORS \*\*

TOTAL CARDS READ  
TOTAL CARDS ACCEPTED  
TOTAL CARDS REJECTED  
TOTAL ERROR MESSAGES

999,999  
999,999  
999,999  
999,999

\*\*\*\*\*FILE WAS CREATED\*\*\*\*\*  
CUSTOMER APPROVAL BY \_\_\_\_\_

DATE \_\_\_\_\_



```

REPORT:  SUR-0500-Q                                INDIANAAIM                                PAGE:    99,999
PROCESS:  SRGJQ040                                RUN DATE: MM/DD/CCYY
LOCATION:   SRGP0402                                INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM
                                                PROVIDER EXTRACT DEFINITION EDIT REPORT
REPORT SEQUENCE - X                                CATEGORY OF SERVICE - 33 - WAIVER PROGRAMS
                                                PERIOD: MM/CCYY THRU MM/CCYY
                                                SPECIALTES - XXXXXXXX
-----CARD IMAGE-----
00000000011111111122222222223333333333444444444555555555566666666677777777778
123456789012345678901234567890123456789012345678901234567890 ----- ERROR MESSAGES -----

IN9PXT01A  E 15 DSC-DOW                                ** NO ERRORS **
IN9PXT01A  E SUN                                SUN                                ** NO ERRORS **

IN9PXT01A  D 21                                1 day stay                                ** NO ERRORS **
IN9PXT01A  E 21 LOS                                ** NO ERRORS **
IN9PXT01A  E 001

IN9PXT01A  D 22                                2 day stay                                ** NO ERRORS **
IN9PXT01A  E 22 LOS                                ** NO ERRORS **
IN9PXT01A  E 002                                001

IN9PXT01A  D 23                                31+ day stay                                ** NO ERRORS **
IN9PXT01A  E 23 LOS                                ** NO ERRORS **
IN9PXT01A  E 031                                998

IN9PXT01A  D 31                                Transfers out                                ** NO ERRORS **
IN9PXT01A  E 31 DCS                                ** NO ERRORS **
IN9PXT01A  E 02                                01

TOTAL CARDS READ                                999,999
TOTAL CARDS ACCEPTED                            999,999
TOTAL CARDS REJECTED                            999,999
TOTAL ERROR MESSAGES                            999,999

*****FILE WAS CREATED*****

END OF REPORT

```



## SUR-0410-Q Member Extract Definition Edit and SUR-0510-Q Provider Extract Definition Edit

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0410-Q	SRGJQ040	Member Extract Definition Edit

### Description of Information

The Report Definition Edit Report (SUR-0510-Q for providers, SUR-0410-Q for members) lists the report definition inputs and any associated error messages.

### Purpose

The Report Definition Edit Report provides a means to verify the entry of summary report input formats. Any errors identified must be corrected and a clean edit report produced before the quarterly cycle may commence.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Report sequence
- *Tertiary* - Category code
- *Quaternary* - Input type

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request

### Detailed Field Definitions

Run Date	Date the report was produced
Period	Current cycle period
Specialty / Aid Category Cross Reference	For provider reports, the specialty groups included in the report sequence. For beneficiary reports, the aid category groups for the report sequence. This applies only when the multiple report option is used.
Card Image	The exact image of the report definition inputs
Error Messages	Describes any errors detected during the edit process. If none were found on the input, this is also indicated.
Cards Read	Number of inputs acknowledged by the system
Cards Accepted	Number of inputs that passed all edits

**Cards Rejected**

Number of inputs that failed one or more edits

**Edit Messages**

Number of warning messages displayed on the edit report

*If no errors were encountered in the report sequence, a message File Was Created prints. Otherwise, the message File Was Not Created prints, indicating that errors must be corrected before the file is created for cycle generation.*

REPORT SEQUENCE - X

AID CATEGORIES - XXXXXXXX

```
IN9BRP A  A AGED                                     ** NO ERRORS **
```

IN9BRP	A01D	Amt Billed		** NO ERRORS **
IN9BRP	A01E	100	MD2	** NO ERRORS **
IN9BRP	A02D	Amt Paid		** NO ERRORS **
IN9BRP	AO2E	100	MD4	** NO ERRORS **
IN9BRP	A03D	Pct Paid of Billed		** NO ERRORS **
IN9BRP	AO3E	105	MD4 MD2	** NO ERRORS **
IN9BRP	A04D	No Claims		** NO ERRORS **
IN9BRP	AO4E	100	MD5	** NO ERRORS **
IN9BRP	A05D	Avg Amt Paid/Claim	050	** NO ERRORS **

END OF REPORT

```

REPORT:  SUR-0510-Q                                INDIANAAIM                                PAGE:    99,999
PROCESS:  SRGJQ040                                RUN DATE: MM/DD/CCYY
LOCATION:   SRGP0402                                INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM    RUN TIME: 11:50:06
                                                PROVIDER REPORT DEFINITION EDIT REPORT            PERIOD: MM/CCYY THRU MM/CCYY

REPORT SEQUENCE - X                                CATEGORY OF SERVICE - 01 - INPATIENT                SPECIALTES - S010
-----CARD IMAGE-----
00000000011111111122222222233333333334444444445555555556666666667777777778
1234567890123456789012345678901234567890123456789012345678901234567890 ----- ERROR MESSAGES -----

IN9BRP A  A AGED                                ** NO ERRORS **
SPECIALTY CROSS REFERENCE DESCRIPTION
    S010-ACUTE CARE HOSPITAL
IN9BRP01A01D  Amt Billed                                ** NO ERRORS **

IN9BRP01A01E  100 MD2                                ** NO ERRORS **

IN9BRP01A02D  Amt Paid                                ** NO ERRORS **

IN9BRP01A02E  100 MD4                                ** NO ERRORS **

IN9BRP01A03D  Pct Paid of Billed                    ** NO ERRORS **

IN9BRP01A03E  105 MD4 MD2                            ** NO ERRORS **

IN9BRP01A04D  No Claims                              ** NO ERRORS **

IN9BRP01A04E  100 MD5                                ** NO ERRORS **

IN9BRP01A05D  Avg Amt Paid/Claim      050            ** NO ERRORS **

TOTAL CARDS READ      999,999
TOTAL CARDS ACCEPTED  999,999
TOTAL CARDS REJECTED  999,999
TOTAL ERROR MESSAGES  999,999

*****FILE WAS CREATED*****
END OF REPORT

```

## SUR-0430-Q Member Summary Line Definitions and SUR-0530-Q Provider Summary Line Definitions

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0430-Q SUR-0530-Q	SRGJQ040	Member Summary Line Definitions

### Description of Information

The Summary Line Definitions Report displays extract definition and report definition inputs, combined, to create a total reference to the data to be accumulated for each summary profile line item.

### Purpose

The Summary Line Definitions Report relates the extract and report definition inputs for each report sequence to give the user a picture of what is included in each equation in terms of the extract criteria and data accumulated. The expanded equation is displayed so that this may be reviewed along with the operand contents to determine accuracy and validity of the report values resulting from the data combination. This report is produced only if there were no errors on any of the extract or report definition inputs defining the summary report.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Report sequence
- *Tertiary* - Summary line item number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly and On Request
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Run Date	Date the report was produced
Report Sequence	Indicates the report sequence when the multiple report option is used
Category of Service	SURS category of service of the profile line item scheme reported
Specialties/Aid Categories	For provider reports, the specialty groups included in the report sequence. For beneficiary reports, the aid category groups for the report sequence. This applies only when the multiple report option is used.

Line Number	Line number assigned to the line
Line Description	Verbiage to appear in the summary section of the report
Line Limits/Forced Exception Indicator	Displays the type and value of exception limits, if applied. Forced exception lines are also indicated
Line Equation	Algebraic equation as interpreted from the formula code and operands specified by the user
Operand	Each operand used in the equation is shown with the following information
Extract Code	Identifies the type of data accumulated. If a standard code is used this field is blank.
Accumulator	Literal interpretation of the accumulator code
From Value	User supplied detail code which represents the from value of the code range to be reported. Field is blank when a standard code is used.
To Value	User supplied detail code which represents the to value of the code range to be reported. Field is blank when a standard code is used.
Description	User supplied description of the detail codes. In the case of standard codes, the description is system generated.



REPORT: SUR-0430-Q  
PROCESS: SRGJQ040  
LOCATION: SRGP0402

INDIANAAIM

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
MEMBER SUMMARY LINE DEFINITION REPORT

PAGE: 99,999  
RUN DATE: MM/DD/CCYY  
RUN TIME: 11:50:06  
PERIOD: MM/CCYY THRU MM/CCYY

REPORT SEQUENCE - X

AID CATEGORIES - XXXX

----- LINE NO ----- LINE DESCRIPTION ----- LINE LIMITS/FORCED INDICATOR -----  
01 Amt Billed

LINE EQUATION IS: MD2

LINE WEIGHT MULTIPLIER IS 1

OPERAND	EXTRACT CODE	ACCUMULATOR	FROM VALUE	TO VALUE	COS	DESCRIPTION
MD2		BILLED				ALL MEDICAID

----- LINE NO ----- LINE DESCRIPTION ----- LINE LIMITS/FORCED INDICATOR -----  
02 Amt Billed

LINE EQUATION IS: MD4

LINE WEIGHT MULTIPLIER IS 1

OPERAND	EXTRACT CODE	ACCUMULATOR	FROM VALUE	TO VALUE	COS	DESCRIPTION
MD4		PAID				ALL MEDICAID

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_  
END OF REPORT

REPORT: SUR-0530-Q  
 PROCESS: SRGJQ040  
 LOCATION: SRGP0402

INDIANA AAIM

PAGE: 99,999

RUN DATE: MM/DD/CCYY

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
 PROVIDER SUMMARY LINE DEFINITION REPORT

RUN TIME: 11:50:06

PERIOD: MM/CCYY THRU MM/CCYY

REPORT SEQUENCE - X

CATEGORY OF SERVICE - 01 - INPATIENT

SPECIALTES - S010

----- LINE NO ----- LINE DESCRIPTION ----- LINE LIMITS/FORCED INDICATOR -----  
                   01          Amount Billed

LINE EQUATION IS: MD2

LINE WEIGHT MULTIPLIER IS 1

OPERAND	EXTRACT CODE	ACCUMULATOR	FROM VALUE	TO VALUE	COS	DESCRIPTION
MD2		BILLED				ALL MEDICAID

----- LINE NO ----- LINE DESCRIPTION ----- LINE LIMITS/FORCED INDICATOR -----  
                   02          Amount Billed

LINE EQUATION IS: MD4

LINE WEIGHT MULTIPLIER IS 1

OPERAND	EXTRACT CODE	ACCUMULATOR	FROM VALUE	TO VALUE	COS	DESCRIPTION
MD4		PAID				ALL MEDICAID

CUSTOMER APPROVAL BY \_\_\_\_\_ DATE \_\_\_\_\_

END OF REPORT

## SUR-0551-Q DRG Length of Stay Ranking

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0551-Q	DSIBMUD6	DRG Length of Stay Ranking

### Description of Information

The DRG Length of Stay Ranking Report lists the exception hospitals in descending weight order. The weight is an accumulation of the weight assigned to each deviation from the DRG mean length of stay on the Length of Stay Detail Report. Basic hospital information and a brief summary of each hospital's activity is displayed. Page reference is given to the 553 Detail Report.

### Purpose

The DRG Length of Stay Ranking Report may be used to identify the top hospitals whose length of stay patterns deviate most significantly from that of their peers. A more specific review of the overall case activity that caused the exceptions and rank may then be pursued through use of the Length of Stay Detail Report.

### Sort Sequence

- *Primary* - High exception weight
- *Secondary* - Low exception weight
- *Tertiary* - Hospital number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
Exception:	
Rank	Relative rank of hospital among all hospitals reported. Rank of 1 is assigned to hospital with the highest <b>HI</b> weight.
HI	Total number of <b>HI</b> exceptions the hospital had
Weight	<b>HI</b> exception weight from the hospital's detail report, which determines rank
Rank	Relative rank of hospital among all hospitals reported. Rank of 1 is assigned to hospital with the highest <b>LO</b> weight.

LO	Total number of <b>LO</b> exceptions the hospital had
Weight	<b>LO</b> exception weight from the hospital's detail report, which determines rank
Hospital	Hospital provider number
Name	Hospital name
Claims	Number of claims submitted for the reporting period
Amount Billed	Amount billed, calculated from the claim details
Amount Paid	Amount paid, calculated from the header (DRG paid amount)
553	Page number of the 553 Detail Report for this hospital

REPORT: SUR-0551-Q

INDIANA AIM

DATE: 10/23/00

PROCESS: DSIBMUD6

DRG LENGTH OF STAY RANKING BY HIGH WEIGHT

TIME: 14:01:33

LOCATION: HUGP551B

PERIOD: MM/YY THRU MM/YY

PAGE: 1

-----EXCEPTION-----										AMOUNT	AMOUNT	SUR0553Q
RANK	HI	WEIGHT	RANK	LO	WEIGHT	HOSPITAL	NAME	CLAIMS	BILLED	PAID	PAGE	
001	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
002	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
003	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
004	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
005	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
006	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
007	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
008	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
009	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
010	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	
001	004	47534	033	051	3155	999999999	ST ANTHONY HOSPITAL-	336	24,707,733.15	4,456,234.00	200	



## SUR-0552-Q DRG Length of Stay by Diagnosis Category and Admitting Physician

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0552-Q	DSIBMUD6	DRG Length of Stay by Diagnosis Category and Admitting Physician

### Description of Information

The Length of Stay by Diagnosis Category and Admitting Physician Report provides a comprehensive summary of hospital activity by diagnostic category. DRG codes are assigned categorically and combined data is reported by individual hospital, by peer group and statewide.

The top ten admitting physicians for the hospital during the reporting period are also displayed.

### Purpose

The Length of Stay by Diagnosis Category and Admitting Physician Report may be used to evaluate the hospital's length of stay patterns by diagnostic category and compare the individual hospital's activity to that of its peers and to the rest of the state.

This report is also especially useful in identifying which admitting physicians may be responsible for exceptional lengths of stay or high utilization of inpatient services.

### Sort Sequence

- *Primary* - Peer group
- *Secondary* - Hospital number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report.
Diagnosis Category Section:	
Hospital	Hospital provider number
City	Hospital's city
Peer Group	Reporting hospital's peer group code and description

Number Discharges	Number of discharges (claims with patient status other than 30) for each diagnostic category and totals
Total Days	Total number of inpatient days calculated as follows:  Total Days = Discharge Date - Admit Date
Avg LOS	Average length of stay calculated as follows:  $\frac{\text{Avg LOS} = \text{Total Days}}{\text{\# Discharges}}$
Admitting Physicians	Number of different admitting physicians during the reporting period
Dollars Billed	Total amount billed, calculated from the claim details
Dollars Paid	Total amount paid, calculated from the claim header (DRG amount paid)
Avg Paid	Average amount paid calculated as follows:  $\frac{\text{Avg Paid} = \text{Dollars Paid}}{\text{\# Discharges}}$
Admitting Physician Section:	
Rank	Rank sequence of admitting physicians by number of admits.
Number	Provider number of the admitting physician.
Name	Name of admitting physician.
Specialty	Reporting specialty of admitting physician.
Admits	Total number of admissions by this physician for this hospital during the reporting period.



REPORT: SUR-0552-Q  
 PROCESS: DSIBMUD6  
 LOCATION: HUGP552B

INDIANA AIM  
 LENGTH OF STAY BY DIAGNOSIS CATEGORY AND ADMITTING PHYSICIAN  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

HOSPITAL	999999999	AUDUBON REGIONAL MED CTR-	CITY LOULSVILLE	PEER GROUP S10	ACUTE CARE HOSPITAL		
	NUMBER	TOTAL	AVG	ADMITTING	DOLLARS	DOLLARS	AVERAGE
	DISCHARGES	DAYS	LOS	PHYSICIANS	BILLED	PAID	PAID
MEDICAL DX / DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
SURGICAL DX / DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
OBSTETRICAL DX / DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
NEWBORN DX / DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
PSYCHIATRIC DX / DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
OTHER DRG	7	73	10.4	0	205,514.86	63,135.55	9,019.36
*****							
HOSPITAL TOTAL	33	540	16.3	2	1,200,234.00	3,456,234.56	12,123.34
PEER GROUP TOTAL	1234	23456	1.3	1234	123,234,234.23	1.373.835.64	3,234.45
STATEWIDE TOTAL	1234	23456	1.3	1234	123,234,234.23	1.373.835.64	3,234.45

\*\*\*\*\*

*	ADMITTING PHYSICIAN RANK					*
*						*
*	RANK	NUMBER	NAME	SPECIALTY	ADMITS	*
*	01	999999999	PEDIATRIC-NEONA	345	1	*
*	02	999999999	DRESZER	335	1	*



## SUR-0553-Q DRG Length of Stay Detail

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0553-Q	DSIBMUD6	DRG Length of Stay Detail

### Description of Information

The DRG Length of Stay Detail Report displays DRG frequency data and summary information for each hospital. Exceptions are noted and exception weight is accrued.

### Purpose

The DRG Length of Stay Detail Report provides the user with detail information regarding which DRGs are contributing to the provider's exceptions, causing the provider to rank on the DRG Length of Stay Ranking Report.

### Sort Sequence

- *Primary* - Peer group
- *Secondary* - Hospital number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
FYTD Period	Fiscal year to date period reflected by the FYTD data on the report
Hospital	Hospital provider number and name
City	Hospital's city
Peer Group	Reporting hospital's peer group code and description
DRG	Diagnosis related grouping cod.
DRG Freq	Frequency, or occurrences, of the specific DRG code
DRG MLOS	Mean length of stay for the DRG
Avg LOS	Average length of stay for the DRG, calculated as follows:

$$\text{Avg LOS} = \frac{(\text{Discharge Dates} - \text{Admit Dates})}{\text{DRG Frequency}}$$

<b>PGA LOS</b>	Peer Group average length of stay, calculated as follows:  $\frac{(\text{Sum of PG Discharge Dates} - \text{Sum of PG Admit Dates})}{\text{Sum of Peer Group DRG Frequency}}$
<b>Hi</b>	Number of occurrences with length of stay is two or more standard deviations higher than the DRG mean length of stay
<b>Weight</b>	Exception weight accrued for deviation above DRG mean length of stay, calculated as follows:  $\text{Hi Exception} = \frac{(\text{LOS} - \text{MLOS})}{\text{MLOS}} \times 100$
<b>LO</b>	Number of occurrences with length of stay is two or more days less than the DRG mean length of stay
<b>Weight</b>	Exception weight accrued for deviation below the DRG mean length of stay, calculated as follows:  $\text{Lo Exception} = \frac{(\text{MLOS} - \text{LOS})}{\text{MLOS}} \times 100$
<b>Amount Billed</b>	Total amount billed for each DRG and totals, calculated from the claim details
<b>Amount Paid</b>	Total amount paid for each DRG and totals, calculated for the claim header (DRG paid amount)
<b>Hospital Totals</b>	Cumulative totals for the reporting period
<b>FYTD Totals</b>	Cumulative totals for the fiscal year to present

REPORT: SUR-0553-Q  
 PROCESS: DSIBMUD6  
 LOCATION: HUGP553B

INDIANA AIM  
 DRG LENGTH OF STAY BY DETAILS  
 PERIOD: MM/YY THRU MM/YY  
 YTD PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

HOSPITAL	999999999	AUDUBON REGIONAL MED CTR-				CITY LOULSVILLE				PEER GROUP S10	ACUTE CARE HOSPITAL	
	DRG	DRG	AVG	PGA	-----EXCEPTIONS-----				AMOUNT	AMOUNT	AVGRAGE	
	DRG	FREQ	MLOS	LOS	LOS	HI	WEIGHT	LO	WEIGHT	BILLED	PAID	PAID
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
	127	1	5.5	5.0	5.1	0	0	0	0	16,004.13	4,295.57	4,295.57
*****												
HOSPITAL TOTALS	33					3	4325	6		1,476,114.54	234.987.34	12,345.34
YTD TOTALS	33					3	4325	6		1,476,114.54	234.987.34	12,345.34



## SUR-0554-Q DRG Ancillary Distribution

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0554-Q	DSIBMUD6	DRG Ancillary Distribution

### Description of Information

The Ancillary Distribution Report provides a distribution analysis for major ancillary groups for each DRG category. Data displayed is specific to each hospital with comparison to relative peer group and statewide accumulations. Each major ancillary group within a DRG category details the number of occurrences, total ancillary charges billed and the average ancillary charge per occurrence.

### Purpose

The Ancillary Distribution Report may be used to evaluate a facility's ancillary charges. Although the DRG reimbursement methodology is set payment, ancillary charges billed by the facility affect the future DRG payments when historical costs and payments are reassessed during DRG rebasing. The Ancillary Distribution Report may be used to evaluate a facility's ancillary charges to determine if a facility may be padding these charges in anticipation of higher payments in the future.

### Sort Sequence

- *Primary* - Peer group
- *Secondary* - Hospital number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
Hospital	Hospital provider number and name
City	Hospital's city
Peer Group	Reporting hospital's peer group code and description
DRG Category	Categorized related DRG code category definition
Anc	Cross-referenced major ancillary grouping code
This Hospital:	
Occur	Number of occurrences by this hospital for this major ancillary category, for this DRG category

<b>Amt Billed</b>	Total dollars billed by this hospital for this major ancillary category, for this DRG category
<b>Avg Billed</b>	Avg dollars billed by this hospital for this major ancillary category, for this DRG category, calculated as follows: $\text{Avg Billed} = \frac{\text{Amt Billed}}{\text{Occurrences}}$
<b>Peer Group:</b>	
<b>Occur</b>	Number of occurrences by this hospital's peer group for this major ancillary category, for this DRG category
<b>Amt Billed</b>	Total dollars billed by this hospital's peer group for this major ancillary category, for this DRG category
<b>Avg Billed</b>	Avg dollars billed by this hospital's peer group for this major ancillary category, for this DRG category, calculated as follows: $\text{Avg Billed} = \frac{\text{Amt Billed}}{\text{Occurrences}}$
<b>Statewide:</b>	
<b>Occur</b>	Number of occurrences by all hospitals for this major ancillary category, for this DRG category.
<b>Amt Billed</b>	Total dollars billed by all hospitals for this major ancillary category, for this DRG category.
<b>Avg Billed</b>	Avg dollars billed by all hospitals for this major ancillary category, for this DRG category, calculated as follows: $\text{Avg Billed} = \frac{\text{Amt Billed}}{\text{Occurrences}}$



REPORT: SUR-0554-Q  
 PROCESS: DSIBMUD6  
 LOCATION: HUGP554B

INDIANA AIM  
 ANCILLARY DISTRIBUTION  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

HOSPITAL 999999999 AUDUBON REGIONAL MED CTR- CITY LOULSVILLE PEER GROUP S10 ACUTE CARE HOSPITAL

DRG CATEGORY	----- THIS HOSPITAL -----				----- PEER GROUP -----			----- STATEWIDE -----		
	ANC	OCCURR	AMT BILLED	AVG BILLED	OCCURR	AMT BILLED	AVG BILLED	OCCURR	AMT BILLED	AVG BILLED
MEDICAL DX / DRG	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77
	110	0	23,234.34	3,345.34	456	987,234.34	1,234.34	546	234,234.34	2,345.77



## SUR-0590-Q DRG Merged History

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0590-Q	DSIBMUD7	DRG Merged History

### Description of Information

The DRG Merged History Report provides a comprehensive summary of the episode of illness for each exception case reported on the Physician Length of Stay Exception Report. All claim activity for the member during hospitalization, 31 days prior to admission and 31 days following discharge is displayed.

### Purpose

The DRG Merged History Report may be used by the analyst to research the medical care activity surrounding length of stay exception cases. The care provided prior to, during and subsequent to a hospital admission is key in determining the reasonableness of an inpatient stay that has been flagged as shorter or longer than the norm for the diagnosis billed.

### Sort Sequence

- *Primary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
Member	Member's Medicaid identification and name
Age	Member's age
Sex	Member's sex
Hospital	Hospital provider number and name
City	Hospital's city
Peer Group	Reporting hospital's peer group code and description
Admission	Date of admission of the inpatient exception claim
Discharge	Date of discharge of the inpatient exception claim

LOS	Length of stay of the inpatient exception claim, calculated as follows: $LOS = \text{Discharge Date} - \text{Admit Date}$
Type Stay	Type of stay of the inpatient exception claim, as assigned to the DRG in the DRG Control Members. (MED or SURG)
Principal Diag	Principal discharge diagnosis code from the inpatient exception claim
DRG	Diagnosis related grouping assigned to the inpatient exception claim
MLOS	Mean length of stay for the DRG assigned to the inpatient exception claim
ICN	Internal claim number of the inpatient exception claim
SOA	Source of admission code from the inpatient exception claim
Disch Code	Patient status discharge code from the inpatient exception claim
Amount Billed	Amount billed for the inpatient exception claim, calculated from the claim details
Amount Paid	Amount paid for the inpatient exception claim, calculated from the claim header (DRG amount paid)
Paid Date	Remittance Advise disposition date of the inpatient exception claim
Provider	Provider number from the surrounding claim
Name	Provider's name
DOS	Date of service for the surrounding claim detail
Diag	Principal diagnosis for the surrounding claim
Proc	Procedure code billed for the surrounding claim
N/S	Number of services billed for the procedure
PI Serv	Place of service billed on the surrounding claim
Paid Date	Remittance Advise date of the surrounding claim
Paid Amount	Amount paid for the surrounding claim detail
ICN	Internal claim number of the surrounding claim
Total Provider Payment	Total amount paid to all providers for services surrounding and during this hospitalization
Total Number Providers	Total number of providers who provided services during this hospitalization, 31 days prior and 31 days following
Total Number Services	Total number of services billed surrounding and during this hospitalization

## Master Report Definitions

## Section 21: SUR Reports

REPORT: SUR-0590-Q

INDIANA AIM

DATE: 10/23/00

PROCESS: DSIBMUD7

MERGED HISTORY

TIME: 14:01:33

LOCATION: HUGP590B

PERIOD: MM/YY THRU MM/YY

PAGE: 1

MEMBER 9999999999 PHELPS D AGE 013 SEX M PEER GROUP 093 OTHER / OUT OF STATE  
 HOSPITAL 99999999 MEMORIAL HOSPITAL CITY INDIANAPOLIS

ADMISSION	DISCHARGE	LOS	TYPE	PRINCIPAL	DISCH	AMOUNT	AMOUNT	PAID			
			STAY	DIAG	DRG	MLOS	ICN	CODE	BILLED	PAID	DATE
06/06/00	06/07/00	1	MED	53642	455	10.2	99999999999999	03	3,373.18	9,612.02	07/26/00

PROVIDER	NAME	DOS	DIAG	PROC	N/S	POS	PAID DATE	PAID	AMOUNT	ICN
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	
9999999999	ECKERT	05/08/00	7070	98908	1.0	31	05/30/00	24.67	99999999999999	

TOTAL PROVIDER PAYMENT	6,987.02	TOTAL NUMBER PROVIDERS	12	TOTAL NUMBER SERVICES	345
------------------------	----------	------------------------	----	-----------------------	-----



## SUR-0595-Q DRG Physician Length of Stay Exception

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0595-Q	DSIBMUD8	DRG Physician Length of Stay Exception

### Description of Information

The DRG Physician Length of Stay Exception Report identifies the top ten attending physicians in each hospital who are responsible for the majority of admissions to the facility, and who may be responsible for exceptionally high lengths of stay, and the top and who may be responsible for premature discharges (low lengths of stay). All exception cases are listed for each ranking physician, and descriptive summary data is displayed.

### Purpose

The DRG Physician Length of Stay Exception Report may be used to further research the top exception cases that a hospital had on the Length of Stay Detail Report. By referencing the attending physician number associated with each case, a pattern may be noticed with reference to a specific physician responsible for the exceptions in the hospital.

### Sort Sequence

- *Primary* - Hospital number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Hospital	Hospital provider number and name
City	Hospital's city
Peer Group	Reporting hospital's peer group code and description
Rank	Relative rank of provider among all providers reported. Rank of 1 is assigned to provider whose admission is most deviant from DRG MLOS. The top ten <b>Hi</b> and top ten <b>Lo</b> are reported.
Provider Number	Admitting or attending physician's Medicaid identification
Member Number	Member's Medicaid number
Admit Date	Date of admission

ICN	Internal control number
DRG	Diagnosis related grouping assigned to this hospitalization
MLOS	Mean length of stay assigned to the reported DRG
LOS	Actual length of stay for this hospitalization, calculated as follows: LOS = Discharge Date - Admit Date
Excp	Exception: H = 2 standard deviations greater than the DRG MLOS L = 2 or more days less than the DRG MLOS
Weight	Exception weight assigned to this deviation from the MLOS, calculated as follows: High = $\frac{(LOS - MLOS)}{MLOS} \times 100$ Low = $\frac{(MLOS - LOS)}{MLOS} \times 100$
TOS	Type of admission
SOA	Source of admission
Disch Stat	Patient discharge status
TF	Transfer indicator (*); flags if transfer is indicated by SOA code 04, 05, 06 or discharge status code 02, 03, 04, 05
Previous Admit	Date of previous admission; previous admit = previous claim discharge date less than 31 days prior to current admission
590 Page	Page number of the 590 Merged History Report that contains a complete case history surrounding this hospitalization



REPORT: SUR-0595-Q

INDIANA AIM

DATE: 10/23/00

PROCESS: DSIBMUD8

PHYSICIAN LENGTH OF STAY BY EXCEPTIONS

TIME: 14:01:33

LOCATION: HUGP595B

PERIOD: MM/YY THRU MM/YY

PAGE: 1

HOSPITAL	999999999	AUDUBON REGIONAL MED CTR-	CITY LOULSVILLE	PEER GROUP S10	ACUTE CARE HOSPITAL									
PROVIDER	MEMBER	ADMIT		DSCH	PREVIOUS	SURO590								
RANK	NUMBER	NUMBER	DATE	ICN	DRG	MLOS	LOS	EXCP	WEIGHT	TOA	STAT	TF	ADMIT	PAGE
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03			8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03			8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
H 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03			8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03			8,698
L 01	999999999	999999999999	09/08/95	999999999999	144	6.0	024	H	300	1	03	*		8,698



## SUR-0610-Q Long Term Care Provider

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0610-Q	DSIBMUL2	Long Term Care Provider

### Description of Information

The Long Term Care Provider Report provides detailed data on the services provided to LTC members from the perspective of the individual performing provider.

### Purpose

In cases when a provider is identified as having a high volume of practice in the long term care setting, this report may be used to analyze the distribution of services among different facilities and the types of services performed for facility residents.

This report may be used not only to obtain information about the scope and nature of a provider's practice in LTC facilities, but also to cross-check information displayed on the LTC Summary Detail Reports. These reports display LTC facility data for all performing providers of a selected provider type. If a provider is identified in those reports as duplicating services performed by other providers, he or she and the other providers may be further investigated through the LTC Provider Report to determine whether they are involved in the same duplication of services in other facilities.

In cases when a provider is the primary performing provider for a facility found lacking in the quality of care provided to its members, the report may be used to determine if the provider is involved with other facilities also identified as administering substandard care.

### Sort Sequence

- *Primary* - Performing provider ID number
- *Secondary* - Nursing home provider ID

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Provider No	Performing provider identification number that is keyed into the 50 control file. These are the providers who performed services for members in nursing home facilities.
Name	Performing provider name

Address	Performing provider address
Spec	Performing provider specialty code
City	Performing provider city
Facility No	Facility identification number
Name	Name of the nursing home facility where the member is enrolled during the period that member receives services from the requested performing provider.
Address	Nursing home facility address
Type	Description of the long term care facility's specialty
DOS	The from and to dates of service on the claim detail MM/DD/CCYY date format
RID	Member identification number of the nursing home member
Last Name	Nursing home member's last name
First Name	Nursing home member's first name
MI	Middle initial
Age	Nursing home member's age for the first date of service
Proc	Procedure code, service code, revenue center code, or National Drug Code reported
Description	Procedure group code description
Amt Pd	Amount paid for this detail
Facility Totals:	
No Visits	Total number of visits by the performing provider for this member staying in the nursing home facility
No Recip Seen	Unduplicated member count seen by the performing provider in the nursing home facility for this reporting period
No TS/Proc	Unduplicated procedure count for this facility. Total of unique procedure values that occur for a specific provider at a specific facility
Total Amt Pd	Total amount paid to this performing provider for services rendered to members in this nursing home facility
Provider Totals:	
No Visits	Total number of visits by the provider for members staying in each type of Long Term Care facility
No Recip Seen	Unduplicated member count seen by the provider, categorized for each type of Long Term Care facility, in the reporting period
No TS/Proc	Unduplicated procedure count performed by the provider, categorized for each type of long term care facility
Amt Pd	Total amount paid to the performing provider for services rendered, categorized by each type of long term care facility

DATE: MM/DD/CCYY  
TIME: 11:38:23  
PAGE: 1

Library Reference Number: SYAP10005  
Revision Date: March 2004  
Version: 3.0



## SUR-0620-Q Long Term Care Summary

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0620-Q	DSIBMUL2	Long Term Care Summary

### Description of Information

The Long Term Care Summary Report displays information for the long term care facility(ies) by claim type. The claim type totals per facility are number of members, number of performing providers, amount paid to performing providers, and percent of total performing provider payment. The claim type totals for all LTC facilities are number of providers, number of members, number of performing providers, and amount paid to performing providers. The summary report also includes member placement level totals and grand totals.

### Purpose

Medical inpatient care comprises a greater percentage of claim payments in skilled nursing facilities. This information may be useful in the design of special programs, such as waiver services focused at a particular level of care.

The number of members served and the associated expenditures for each claim type may also be used to select review cases. For instance, dental services in a given facility may be provided to a much smaller proportion of its residents than among other facilities with the same level of care. This data may indicate a need for more in-depth review of the facility to determine if adequate care is provided to its residents.

### Sort Sequence

- *Primary* - Facility number
- *Secondary* - Claim type

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Prov	Nursing home facility/provider identification number
Name	Nursing home name
Spec	Nursing home provider specialty code

Location	Provider's town code
Beds	Number of beds in the nursing home. Number of beds value is taken from the provider file, when used.
Claim Type Totals:	Totals for each claim type submitted for members residing in the LTC facility
Claim Type	Claim type description
No Recip	Unduplicated member count for this claim type for this facility
No Perf Providers	Unduplicated performing provider count for the claim type for this facility
Amt Paid to Perf Providers	Amount paid to all performing providers by claim type for this facility
Pct of Total Perf Prov Pmt	Percent paid to the performing provider, for this claim type, calculated as follows: <u>Amt Pd to Perf Prov for Claim Type</u> Amt Pd to Perf Prov (total for facility)
Report Totals:	
Claim Type Totals:	Totals for each claim type within long term care facilities
No Providers	Unduplicated provider count for this placement level
No Recip	Unduplicated member count for this placement level
No Perf Providers	Unduplicated performing provider count for this placement level
Amt Paid to Perf Providers	Amount paid to all performing providers for this placement level
Member Placement Level:	Totals for each placement level, regardless of claim type
No Providers	Unduplicated provider count for all claim types at this placement level
No Recip	Unduplicated member count for all claim types at this placement level
No Perf Providers	Unduplicated performing provider count for all claim types at this placement level
Amt Pd to Perf Providers	Total amount paid for all claim types at this placement level
Grand Totals:	Totals, regardless of claim type or placement level
No of Recip	Unduplicated member count for the report period
No of Perf Providers	Unduplicated performing provider count for the report period
Amt Paid to Perf Providers	Amount paid to all performing providers for the report period



REPORT: SUR-0620-Q	INDIANA AIM				DATE: 10/23/00
PROCESS: DSIBMUL2	LTC SUMMARY REPORT				TIME: 14:01:33
LOCATION: HUGP620B	PERIOD: MM/CCYY THRU MM/CCYY				PAGE: 1
PROV 999999999	NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	SPC 999	LOCATION 99	BEDS 9999	
CLAIM TYPE	NO RECIP	NO PERF PROVIDERS	AMT PAID TO PERF PROVIDERS	PCT OF TOTAL PERF PROV PMT	
CROSSOVER UB92 INPATIENT	999,999	999,999	9,999,999.99	999.99	
CROSSOVER HCFA 1500	999,999	999,999	9,999,999.99	999.99	
CROSSOVER UB92 OUTPATIENT	999,999	999,999	9,999,999.99	999.99	
DENTAL	999,999	999,999	9,999,999.99	999.99	
HCFA 1500	999,999	999,999	9,999,999.99	999.99	
HOME HEALTH	999,999	999,999	9,999,999.99	999.99	
INPATIENT	999,999	999,999	9,999,999.99	999.99	
NURSING HOME	999,999	999,999	9,999,999.99	999.99	
OUTPATIENT	999,999	999,999	9,999,999.99	999.99	
PHARMACY	999,999	999,999	9,999,999.99	999.99	
TOTAL FOR FACILITY	999,999	999,999	9,999,999.99	999.99	
REPORT TOTALS:					
CLAIM TYPE TOTALS:					
	NO PROVIDERS	NO RECIP	NO PERF PROVIDERS	AMT PD TO PERF PROVIDERS	
NURSING FACILITY	999,999	999,999	9,999,999.99	999.99	
CROSSOVER UB92 INPATIENT	999,999	999,999	9,999,999.99	999.99	
CROSSOVER HCFA 1500	999,999	999,999	9,999,999.99	999.99	
CROSSOVER UB92 OUTPATIENT	999,999	999,999	9,999,999.99	999.99	
DENTAL	999,999	999,999	9,999,999.99	999.99	
HCFA 1500	999,999	999,999	9,999,999.99	999.99	
HOME HEALTH	999,999	999,999	9,999,999.99	999.99	
INPATIENT	999,999	999,999	9,999,999.99	999.99	
NURSING HOME	999,999	999,999	9,999,999.99	999.99	
OUTPATIENT	999,999	999,999	9,999,999.99	999.99	
PHARMACY	999,999	999,999	9,999,999.99	999.99	
TOTAL FOR FACILITY	999,999	999,999	9,999,999.99	999.99	
MEMBER PLACEMENT LEVEL:					
NURSING FACILITY	99,999	999,999	999,999	9,999,999.99	
ICF/MR	99,999	999,999	999,999	9,999,999.99	
PEDIATRIC NURSING FACILITY	99,999	999,999	999,999	9,999,999.99	
RESIDENTIAL CARE FACILITY	99,999	999,999	999,999	9,999,999.99	
GRAND TOTALS:	99,999	999,999	999,999	9,999,999.99	



## SUR-0631-Q Long Term Care Summary Detail Non-Drug

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0631-Q	DSIBMUL2	Long Term Care Summary Detail Non-Drug

### Description of Information

The Long Term Care Summary Detail Non-Drug Report produces non-drug summary detail information on members including hospital stay dates of service, member's medical identification, age, type of service or procedure, number of services performed for the member, amount billed for this member, and amount paid for this member. Provider type totals are number of members, amount billed, and amount paid (for a particular provider type). Only claim details that have dates of service during a member's enrollment in a nursing home facility are reported. All claim types are reported except drug and long-term care claims.

### Purpose

The Long Term Care Summary Detail Non-Drug Report may be used to analyze member and claim data during a specific time frame for any provider servicing members of a long term care facility. When the LTC Summary Report shows an unusual amount of medical claims for an intermediate care facility, the date of service information on the LTC Detail Report may indicate that physical exams are performed on the same members more often than is acceptable.

### Sort Sequence

- *Primary* - Facility or provider number
- *Secondary* - Attending provider number
- *Tertiary* - RID

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Facility	Long term care facility identification number
Name	Long term care facility name
Address	Long term care facility address

Spec	Nursing home provider specialty code
Location	Nursing home/provider's location code
Prov Type	Attending provider type code
Att Prov	Attending provider number
FDOS	Beginning date of service on the claim detail MM/DD/YY format
TDOS	End date of service on the claim detail MM/DD/YY format
RID	Identification number of the nursing home member
Last Name	Member's last name
First Name	Member's first name
Age	Nursing home member's age during the date of service
Proc	Procedure code that indicates the procedure the nursing home member receives while at the nursing home
Qty	Quantity of services for the procedure
Amt Billed	Amount billed for this detail
Pd Amt	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
Provider Type Totals:	Totals for the facility for the particular attending provider type
No Recip	Unduplicated member count for this particular provider type
Amt Billed	Total amount billed by this particular provider type
Amt Paid	Total amount paid to this particular provider type

REPORT: SUR-0631-Q  
 PROCESS: DSIBMUL2  
 LOCATION: HUGP630B

INDIANA AIM  
 LTC SUMMARY DETAIL NON-DRUG REPORT  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

FACILITY: XXXXXX		NAME XXXXXXXXXXXXXXXXXXXXXXXXXX	ADDRESS XXXXXXXXXXXXXXXXXXXXXXXXXX	SPC 999	LOCATION 99					
PROV TYPE XXX										
ATT PROV 99999999										
FDOS	TDOS	RID	LAST NAME	FIRST NAME	AGE	PROC	QTY	AMT BILLED	PD AMT	PCT TOT PROV PMT
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	999		99999	999,999.99	999,999.99	999.99
						XXXXXXXXXXXXXXXXXXXXXXX				



## SUR-0632-Q Long Term Care Summary Detail Drug

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0632-Q	DSIBMUL2	Long Term Care Summary Detail Drug

### Description of Information

The Long Term Care Summary Detail Drug Report produces drug summary detail information on members, including hospital stays dates of service, member's medical identification, age, National Drug Code, therapeutic class code, number of services performed for the member, amount billed for this member, amount paid for this member, and brand certification. Provider type totals are number of members, amount billed, and amount paid (for a particular provider type). Only drug claim type details that have dates of service during a member's enrollment in a nursing home facility are reported.

### Purpose

This report may be used to analyze claim data for long-term care members by selected pharmacy providers when a larger than usual number of drug claims has been identified on other LTC reports.

### Sort Sequence

- *Primary* - Facility/provider number
- *Secondary* - Provider type
- *Tertiary* - Attending provider number
- *Quaternary* - RID
- *Quintenary* - From date of service

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Facility	Long term care facility identification number
Name	Long term care facility name
Address	Long term care facility address
Spec	Nursing home provider specialty code

Location	Nursing home or provider's location code
Prov Type	Provider type code
Att Prov	Attending provider number
FDOS	Beginning date of service on the claim detail, in MM/DD/CCYY date format
TDOS	End date of service on the claim detail, in MM/DD/CCYY date format
RID	Identification number of the nursing home member
Last Name	Member's last name
Age	Nursing home member's age during the date of service
NDC	National Drug Code of the drug reported
Brand Cert	Field contains the brand certification code. Member receives generic drugs unless a physician authorizes a brand name drug. 1 = Brand name 2 = Generic
TCC	Therapeutic class code of the drug
Qty	Quantity of units for the drug
Amt Billed	Amount billed for this detail
Amt Pd	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
NDC Description	National drug code description
Provider Type Totals:	Totals within the facility for the particular attending provider type
No Recip	Unduplicated member count for this particular provider type
Amt Billed	Total amount billed by this particular provider type
Amt Paid	Total amount paid to this particular provider type



## Master Report Definitions

## Section 21: SUR Reports

REPORT: SUR-0632-Q  
PROCESS: DSIBMUL2  
LOCATION: HUGP630B

INDIANA AIM  
LTC SUMMARY DETAIL DRUG REPORT  
PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
TIME: 14:01:33  
PAGE: 1

FACILITY: XXXXXXXX NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX SPC 999 LOCATION 99

PROV TYPE 999  
ATT PROV 99999999

FDOS	TDOS	RID	LAST NAME	AGE	NDC	BRAND CERT	TCC	QTY	AMT BILLED	AMT PD	PCT TOT PROV PMT
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						

PROVIDER TYPE TOTALS: NO RECIP - 9999 AMT BILLED - 99,999,999.99 AMT PAID - 99,999,999.99



## SUR-0633-Q Long Term Care Summary Detail Combined

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0633-Q	DSIBMUL2	Long Term Care Summary Detail Combined

### Description of Information

The Long Term Care Summary Detail Combined Report produces drug and non-drug summary detail information on members including hospital stay dates of service, member's medical identification, age, National Drug Code, therapeutic class code, number of services performed for the member, amount billed for this member, amount paid for this member, and brand certification. Provider type totals are number of members, amount billed, and amount paid (for a particular provider type). Only claims with dates of service during a member's enrollment in a nursing home facility are reported. All claim types are reported, except long-term care claims.

### Purpose

This report provides in-depth information necessary to make a determination of mis-utilization in cases when exceptional activity has been noted within a specific LTC facility. The services provided by performing providers are displayed at the claim detail level to assist in identifying instances where services are duplicated or over-utilized.

### Sort Sequence

- *Primary* - Facility/provider number
- *Secondary* - Provider type
- *Tertiary* - Attending provider number
- *Quaternary* - RID
- *Quintenary* - From date of service

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Prov	Nursing home facility identification number
Name	Long term care facility name
Address	Long term care facility address

Spec	Long term care facility provider specialty code
Location	Long term care facility/provider's town code
Type	Provider type code
Provider No	Attending provider number
FDOS	Beginning date of service on the claim detail MM/DD/YY date format
TDOS	End date of service on the claim detail MM/DD/CYY date format
RID	Identification number of the nursing home member
Last Name	Member's last name
Age	Nursing home member's age during the date of service
TS/Proc NDC	Procedure code or the National Drug Code reported
Brand Cert	Field contains the brand certification code, when applicable. Member receives generic drugs unless a physician authorizes a brand name drug. 1 = Brand name 2= Generic
TCC	Therapeutic class code of the drug, when applicable
Qty	Quantity of units of service for the procedure, or units for the drug
Amt Billed	Amount billed for this detail
Amt Pd	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
Provider Type Totals:	Totals within the facility for the particular provider type
No Recip	Unduplicated member count for this particular provider type
Amt Billed	Total amount billed by this particular provider type
Amt Paid	Total amount paid to this particular provider type

REPORT: SUR-0633-Q  
 PROCESS: DSIBMUL2  
 LOCATION: HUGP630B

INDIANA AIM  
 LTC SUMMARY DETAIL COMBINED REPORT  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

FACILITY: XXXXXXX NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX SPC 999 LOCATION 99  
 PROV TYPE 999  
 ATT PROV 99999999

FDOS	TDOS	RID	LAST NAME	AGE	NDC	BRAND CERT	TCC	QTY	AMT BILLED	AMT PD	PCT TOT PROV PMT
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						
MM/DD/CCYY	MM/DD/CCYY	9999999999	XXXXXXX	999	999999999999		999	999	999,999.99	999,999.99	999.99
					XXXXXXXXXXXXXXXXXXXX						

PROVIDER TYPE TOTALS: NO RECIP - 9999 AMT BILLED - 99,999,999.99 AMT PAID - 99,999,999.99



## SUR-0634-Q Long Term Care Summary Detail Non-Drug Wraparound

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0634-Q	DSIBMUL2	Long Term Care Summary Detail Non-Drug Wraparound

### Description of Information

The Long Term Care Summary Detail Non-Drug Wraparound Report displays the member's total non-drug ambulatory and inpatient services provided to nursing home residents. The member detail includes hospital stay dates of service, type of service and procedure, number of services performed for this member, amount billed for this member, and amount paid for the services given the member in this detail. The member totals are the number of providers the member has seen, the total amount billed for this member, and the total amount paid for this member (per type of service). The report contains the same information as the LTC Summary Detail Non-Drug Report but this report is sorted in facility number, member number, and provider number order.

### Purpose

The Long Term Care Summary Detail Non-Drug Wraparound Report is used to provide summary data for LTC members for services provided in all places of service, excluding drug details. This report is useful in identifying services provided by different providers that are similar or duplicative and assist in the review of the quality of care provided to Medicaid members.

### Sort Sequence

- *Primary* - Facility/provider number
- *Secondary* - RID
- *Tertiary* - Provider type
- *Quaternary* - Attending provider number
- *Quintenary* - From date of service

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Prov	Nursing home identification number

Name	Nursing home name
Address	Nursing home address
Spec	Provider specialty code
Location	Provider location code
RID	Member identification number
Name	Member last name, first name
Address	Member address
Age	Member's age at the date of service
Type	Provider type code
Att Pr	Attending provider number
FDOS	Beginning date of service on the claim detail MM/DD/CCYY date format
TDOS	End date of service on the claim detail MM/DD/CCYY date format
Ts/Proc	Procedure code reported
Description	Procedure description
Unit Svc	Units of service for the procedure
Amt Billed	Amount billed for this detail
Pd Amt	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
Member Totals	Totals for the member
No Providers	Unduplicated provider count for the member
Amt Billed	Total amount billed for this member
Amt Paid	Total amount paid for this member



REPORT: SUR-0634-Q  
PROCESS: DSIBMUL2  
LOCATION: HUGP63WB

INDIANA AIM  
LTC SUMMARY DETAIL NON-DRUG WRAPAROUND REPORT  
PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
TIME: 14:01:33  
PAGE: 1

PROV: 99999999  
RID: 99999999999

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX  
ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX

SPEC 999  
AGE 99

LOCATION 99

TYPE 999

ATT PROV 99999999

FDOS	TDOS	TS/PROC	UNIT SVC	AMT BILLED	PD AMT	PCT TOT PROV PMT	
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	99999	999,999.99	999,999.99	999.99
MEMBER TOTALS:		NO PROVIDERS 99,999	AMT BILLED - 99,999,999.99		AMT PAID - 99,999,999.99		



## SUR-0635-Q Long Term Care Summary Detail Drug Wraparound

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0635-Q	DSIBMUL2	Long Term Care Summary Detail Drug Wraparound

### Description of Information

The Long Term Care Summary Detail Drug Wraparound Report displays the member's total drug inpatient services provided to nursing home residents. The member detail includes hospital stay dates of service, National Drug Code, therapeutic class code, number of services performed for this member, amount billed for this member, and amount paid for the services given the member in this detail. The member totals are the number of providers the member has seen, the total amount billed for this member, and the total amount paid for this member. The report contains the same information as the LTC Summary Detail Drug Report but this report is sorted in facility number, member number, and then provider number order.

### Purpose

The Long Term Care Summary Detail Drug Wraparound Report is used to identify questionable drug treatments or prescribed regimens for LTC members regardless of place of service. Prescribing and supplying providers may be identified for further analysis.

### Sort Sequence

- *Primary* - Facility/provider number
- *Secondary* - RID
- *Tertiary* - Provider type
- *Quaternary* - Attending provider number
- *Quintenary* - From date of service

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Prov	Nursing home facility identification number
Name	Nursing home name

Address	Nursing home address
Spec	Nursing home specialty code
Location	Nursing home location code
RID	Member identification number
Name	Member last name, first name
Address	Member address
Age	Member's age at the date of service
Type	Attending provider type code
Att Prov	Attending provider number
FDOS	Beginning date of service on the claim detail, in MM/DD/CCYY date format
TDOS	End date of service on the claim detail, in MM/DD/CCYY date format
NDC	National Drug Code and description
Brand Cert	Brand certification code. Member receives generic drugs unless a physician authorizes a brand name drug. 1 = Brand name 2 = Generic
Unit Svc	Units of service for the procedure
Amt Billed	Amount billed for this detail
Amt Pd	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
Member Totals	Totals for the member
No Providers	Unduplicated attending provider count for the member
Amt Billed	Total amount billed for this member
Amt Paid	Total amount paid for this member

REPORT: SUR-0635-Q  
 PROCESS: DSIBMUL2  
 LOCATION: HUGP63WB

INDIANA AIM  
 LTC SUMMARY DETAIL DRUG WRAPAROUND REPORT  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

PROV: 99999999  
 RID: 99999999999

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX  
 ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX

SPEC 999 LOCATION 99  
 AGE 99

TYPE 999

ATT PROV 99999999

PCT TOT	FDOS	TDOS	NDC	BRAND CERT	UNITS SVC	AMT BILLED	AMT PD	PROV PMT
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99	999.99

MEMBER TOTALS: NO PROVIDERS 99,999 AMT BILLED - 99,999,999.99 AMT PAID - 99,999,999.99



## SUR-0636-Q Long Term Care Summary Detail Combined Wraparound

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0636-Q	DSIBMUL2	Long Term Care Summary Detail Combined Wraparound

### Description of Information

This report displays the member's total non-drug and drug ambulatory and inpatient services provided to nursing home residents. The member detail includes hospital stay dates of service, procedure or National Drug Code, therapeutic class code, number of services performed for this member, amount billed for this member, and amount paid for the services given the member in this detail. The member totals are the number of providers the member has seen, the total amount billed for this member, and the total amount paid for this member. The report contains the same information as the LTC Summary Detail Combined Report, but this report is sorted in facility number, member number, and provider number order.

### Purpose

This report is used to provide a comprehensive or global review of care provided and services rendered to LTC members. Aberrant provider practice patterns in a LTC facility and for specific residents may be identified and documented.

### Sort Sequence

- *Primary* - Facility/provider number
- *Secondary* - RID
- *Tertiary* - Provider type
- *Quaternary* - Attending provider number
- *Quintenary* - From date of service

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Prov	Nursing home facility identification number
Name	Nursing home name
Address	Nursing home address

Spec	Provider specialty code
Location	Nursing home/provider location code
RID	Member identification number
Name	Member last name, first name
Address	Member address
Age	Member's age at the date of service
Type	Provider type code
Att Pr	Attending provider number
FDOS	Beginning date of service on the claim detail, in MM/DD/CCYY date format
TDOS	End date of service on the claim detail, in MM/DD/CCYY date format
Ts/Proc	Procedure code and description, or the National Drug
NDC	Code and description
Brand Cert	Field contains the brand certification code, when applicable. Member receives generic drugs unless a physician authorizes a brand name drug. 1 = Brand name 2 = Generic
Unit Svc	Units of service for the procedure
Amt Billed	Amount billed for this detail
Amt Pd	Amount paid for this detail
Pct Tot Prov Pmt	Percent paid, calculated as follows: <u>Amt Pd for this Detail</u> Amt Pd for Entire Prov Type
Member Totals	Totals for the member
No Providers	Unduplicated attending provider count for the member
Amt Billed	Total amount billed for this member
Amt Paid	Total amount paid for this member



REPORT: SUR-0636-Q  
 PROCESS: DSIBMUL2  
 LOCATION: HUGP63WB

INDIANA AIM  
 LTC SUMMARY DETAIL COMBINED WRAPAROUND REPORT  
 PERIOD: MM/YY THRU MM/YY

DATE: 10/23/00  
 TIME: 14:01:33  
 PAGE: 1

PROV: 99999999  
 RID: 99999999999

NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX  
 NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXX

ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX  
 ADDRESS XXXXXXXXXXXXXXXXXXXXXXXX

SPEC 999 LOCATION 99  
 AGE 99

TYPE 999

ATT PROV 99999999

FDOS	TDOS	NDC	BRAND CERT	UNITS SVC	AMT BILLED	AMT PD	PCT TOT PROV PMT
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99
MM/DD/CCYY	MM/DD/CCYY	XXXXXXXXXXXX	XXXXXXXXXXXX	9	99999	999,999.99	999,999.99

MEMBER TOTALS: NO PROVIDERS 99,999 AMT BILLED - 99,999,999.99 AMT PAID - 99,999,999.99



## SUR-0820-A Treatment Factors Analysis

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-0820-A	DSIBMU80	Treatment Factors Analysis

### Description of Information

The Treatment Factors Analysis Report provides an analysis of each procedure code used for a given diagnosis within a locality and provider type. The report displays a statistical distribution of the treatment characteristics regarding who (member's sex and age) is receiving the treatment, who (provider's specialty) is providing the treatment, and where (place of service) the procedure is performed for each diagnosis.

### User Options

**Age Groups** Five age ranges are selected for reporting. These age groups must be defined for this report regardless of whether the age group option is used in other Treatment Analysis Reports. Current age groups are **0-4, 5-12, 13-20, 21-64, and 65 +**

### Purpose

The information on the Treatment Factors Analysis Report does not directly affect the treatment exception process, but may be used to document the need for medical policy claim audits when a problem area has been identified. Procedure codes may be limited to applicable member sex, age, provider specialties, and places of service.

### Sort Sequence

- *Primary* - Geographic region
- *Secondary* - Provider type
- *Tertiary* - Diagnosis
- *Quaternary* - Procedure

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Annually
IFSSA	CRLD	0	Annually

### Detailed Field Definitions

**Period** Time frame reflected by the data on the report.

**Report Locality** Identifies the peer group locality reported.

**Type** Identifies the peer group type reported.

Diagnosis	Identifies the diagnosis reported.
Procedure Code	Cross-reference procedure code and all procedure codes assigned to the cross-reference value
Total Svcs	Number of services provided for the procedure code for the stated diagnosis
Pcnt Svcs by Sex Male and Feml	Percentage of services provided for males and females, respectively
Pcnt Svcs by Age Group	Percentage distribution of services for each of five age groups
Pcnt Svcs by Specialty	Percentage distribution of services by provider specialty beginning with the specialty code with the highest percentage
SPC	Provider specialty code
PCNT	Percent of total services provided by this specialty
OTH	Represents other specialties not specifically listed on report
PCNT	Percent of total services provided by specialties not listed
Pcnt Svcs by POS	Percentage distribution of services by place of service beginning with the individual place of service code with the highest percentage
P	Place of service code
PCNT	Percent of services provided at the indicated place of service
O	Represents place of service codes not specifically listed on the report
PCNT	Percent of services provided at places of service not listed

REPORT: SUR-0820- A  
PROCESS: SRGJQ082  
LOCATION: HUGP820B

## INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PAGE 99,999  
RUN DATE: MM/DD/CCYY

## TREATMENT FACTORS ANALYSIS REPORT

PERIOD: MM/YY THRU MM/YY

REPORT LOCALITY - XXXX - XXXXXXXXXXXXXXXXX

TYP - XXXX - XXXXXXXXXXXXXXXXX

DIAGNOSIS - XXXXXX - XXXXXXXXXXXXXXXXX

PROC	NUMBER	OF	SVCS	MALE	FEML	XXX	XXX	XXX	XXX	XXX	SPEC	PCNT	SPEC	PCNT	SPEC	PCNT	SPEC	PCNT	OTH	PCNT	POS	PCNT	POS	PCNT	OTH	PCNT
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9
XXXXX	999,999	999.9	999.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	XXXX	999.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	XXXX	99.9	9999	99.9	99	99.9	99	99.9



## SUR-1300-D Selected Provider Detail

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1300-D	SRGJD133	Selected Provider Detail

### Description of Information

The Selected Provider Detail Report contains one to thirty-six months of claims details for selected providers, based on either date of payment or date of service. Numerous sort and selection criteria are available to customize the report to meet specific detail reporting needs. A full claim history or a random sample of claims may be requested. The report includes a summary of activity by procedure, diagnosis, DRG, explanation of benefit code, and place of service at the end of each detail listing. The provider numbers and sort and select criteria are logged for generation by the SURS user on the SUR Provider History/Sample Request window. Request a laser printout by clicking **Hardcopy** on the resulting SUR Claim Listing window.

### Purpose

The Selected Provider Detail Report is used to research and document specific instances of abuse. Often a review of the history details uncovers certain patterns that are not detectable with other reports. The optional selection and sort criteria provide a process to generate claims data at the request of the user, so that only information which is of value in making a determination of mis-utilization is displayed. A listing of the available select and sort criteria is found in the field descriptions for the SUR Provider History/Sample Request window, documented in SUR Set 2.

### Sort Sequence

Optional

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request
IFSSA	Paper	1	On Request

### Detailed Field Definitions

Req By	User-defined identification code of the report requestor
Period	Time frame reflected by the data on the report
Selection Criteria	Select criteria reflected by the data on the report
Sort Sequence	Sort criteria reflected by the data on the report
Prov	Information identifying the provider, including medical identification number, name, and address

G/I	Indicates whether or not the provider is a group provider ( <b>G</b> = group provider, <b>I</b> = individual)
Detail Locality	Provider's original locality code and description
Typ	Provider's original type code and description
Spc	Provider's original specialty code
RID	Member's medical identification number
Name	Member's last name, first name
Sex	Member's sex (F = female, M = male)
Age	Member's age at the time of the first claim listed under that member's number
ICN	Internal control number for this claim
PMT IND	Pay class for the service for this provider. Valid values include: A – Assigned N – Non-assigned B – Billed but not performed by this provider O – Ordered or referred by this provider but not performed
FDOS	Beginning date of service in MM/DD/CCYY format
TDOS	Ending date of service in MM/DD/CCYY format
POS	Code representing the place of service
NO SVCS	Number of services for this member
Unit SVC	Number of prescribed units for drug claims or performed units for all other claims
BLD AMT	Amount billed for each procedure code
ALW AMT	Amount allowed for each procedure code according to the Pricing File
CLM PAID	Amount actually paid by Medicaid for the entire claim
PD DT	Date the claim is paid in MM/DD/CCYY format
RA NUM	Remittance Advice Number on which the claim is paid
EOB	Indicates why the service is not paid or why the service is paid at less than the billed amount
DIAG	Secondary diagnosis reported for a medical service
ATT PROV	Medical Assistance identification number of the physician attending the member, for inpatient hospital claims
DTL#	Number assigned in sequential order to detail claims connected to the same ICN. The first detail is 01, second 02, and so on.
PRIM DIAG	Detail diagnosis code which is listed on the claim and its description



<b>MOD</b>	Procedure modifier code
<b>PROC</b>	Procedure code
<b>DESC</b>	Procedure code description.
<b>Member Totals:</b>	
<b>Svcs</b>	Total number of services provided to the member
<b>Units of Service</b>	Total units of service provided to the member
<b>Billed Amount</b>	Total amount billed for the member
<b>Allw</b>	Total amount allowed for claims for the member
<b>Claims</b>	Total number of claims for the member
<b>Provider Totals:</b>	
<b>Code</b>	Code or reported
<b>Description</b>	Description of the code
<b>Svcs</b>	Total number of services for the code
<b>Quantity</b>	Total quantity for the code
<b>Billed</b>	Total billed amount for the code
<b>Allowed</b>	Total allowed amount for the code
<b>Pay Group Totals</b>	Medicaid, Package C, Medicare, Total, Billed, Ordered
<b>Members</b>	Total number of members who had services in each payment class.
<b>Services</b>	Total number of services for all members in each payment class.
<b>Amt Billed</b>	Total billed amount for all services in each payment class.
<b>Amt Allowed</b>	Total allowed amount for all services in each payment class.
<b>Amt Paid</b>	Total paid amount for all services in each payment class.
<b>Deductible</b>	Total deductible amount for all services in each payment class.
<b>Claims</b>	Total number of claims for all members in each payment class.

REPORT: SUR-1300-D  
PROCESS: SRGJD133  
LOCATION: SRGP1302  
REQ BY: XXXX  
SORT SEQUENCE XXX XXX XXX  
PROV XXXXXXXX XX  
DETAIL-- LOCALITY XXX XXXXXXXXXXXXXXXXXXXX TYP XXX XXXXXXXXXXXXXXXXXXXX SPC XXX XXXXXXXXXXXXXXXXXXXX

INDIANAAM

PAGE NUM: 1  
RUN DATE: MM/DD/CCYY

SELECTED PROVIDER DETAIL REPORT  
(SAMPLE SIZE: 999,999 RANDOM XXX)

PERIOD: MM/DD/CCYY THRU MM/DD/CCYY

9999999999 X MM/DD/CCYY MM/DD/CCYY XX 999 99999 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 MM/DD/CCYY 999999999 9999 99999

ICN	PMT IND	FDOS	TDOS	POS	NO SVCS	UNIT SVC	BLD AMT	AMOUNTS ALW AMT	CLM PAID	PD DT	RA NUM	EOB	DIAG	ATT PROV
*****	RID	99999999999				NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SEX	X	AGE	999	*****
MEMBER TOTALS SVCS 99,999 UNITS OF SERVICE 999,999.99 BILLED AMOUNT 999,999.99 ALLW 999,999.99 CLAIMS 999														
*****	RID	99999999999				NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SEX	X	AGE	999	*****
9999999999999999 X MM/DD/CCYY MM/DD/CCYY XX 999 99999 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 MM/DD/CCYY 999999999 9999 99999														
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			
9999999999999999 X MM/DD/CCYY MM/DD/CCYY XX 999 99999 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 MM/DD/CCYY 999999999 9999 99999														
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			
MEMBER TOTALS SVCS 99,999 UNITS OF SERVICE 999,999.99 BILLED AMOUNT 999,999.99 ALLW 999,999.99 CLAIMS 999														
*****	RID	99999999999				NAME	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			SEX	X	AGE	999	*****
9999999999999999 X MM/DD/CCYY MM/DD/CCYY XX 999 99999 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 \$\$\$\$,\$\$9.99 MM/DD/CCYY 999999999 9999 99999														
PGM X	DTL # 99	PRIM	DIAG	XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	MOD	XX	PROC	99999999999	DESC	XXXXXXXXXXXXXXXXXXXX			

REPORT: SUR-1300-D  
PROCESS: SRGJD133  
LOCATION: SRGP1302

INDIANA AIM  
  
SELECTED PROVIDER DETAIL REPORT

PAGE NUM: 1  
RUN DATE: MM/DD/CCYY

REQ BY: XXXX  
PROV XXXXXXXX  
DETAIL-- LOCALITY XXX

(SAMPLE SIZE: 999,999  
RANDOM XXX)  
XXXXXXXXXXXXXXXXXXXX  
TYP XXX

PERIOD: MM/DD/CCYY THRU MM/DD/CCYY  
XXXXXXXXXXXXXXXXXXXX  
XX 999999999  
SPC XXX

G/I X

\*\*\*\* PROVIDER TOTALS \*\*\*\*

DIAG	DESCRIPTION	SVCS	QUANTITY	BILLED	ALLOWED
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99
XXXXXX	XXXXXXXXXXXXXXXXXXXX	9999	9,999,999	999,999.99	999,999.99

PAGE NUM: 1  
RUN DATE: MM/DD/CCYY

```

PROV  XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX 99999999          G/I X
DETAIL-- LOCALITY XXX XXXXXXXXXXXXXXXX              TYP  XXX XXXXXXXXXXXXXXXX              SPC  XXX XXXXXXXXXXXXXXXX

```

PROGRAM	DESCRIPTION	SVCS	QUANTITY	BILLED	ALLOWED
X	XXXXXXXXX	9999	99,999.0	999,999.99	999,999.99
X	XXXXXXXXX	9999	99,999.0	999,999.99	999,999.99

POS	DESCRIPTION	SVCS	QUANTITY	BILLED	ALLOWED
99	XXXXXXXX	9999	99,999.0	999,999.99	999,999.99

PAY GROUP	MEMBERS	SERVICES	AMT BILLED	AMT ALLOWED	AMT PAID	DEDUCTIBLE	CLAIMS
MEDICAID	9,999,999	9,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	9,999,999.99	9,999,999
MEDICARE	9,999,999	9,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	9,999,999.99	9,999,999
TOTAL	9,999,999	9,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	9,999,999.99	9,999,999
BILLED	9,999,999	9,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	9,999,999.99	9,999,999
ORDERED	9,999,999	9,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99	9,999,999.99	9,999,999

## SUR-1308-D SUR Non-Institutional Worksheet

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1308-D	SRGJD133	SUR Non-Institutional Worksheet

### Description of Information

The SUR Non-Institutional Worksheet is an on-request report generated from the History/Sample generation function for provider types other than Type 01, Hospital. General claim information is printed on the report, such as member name and RID, ICN, dates of service, and amounts billed and paid. In addition to claim information, each worksheet report provides spaces for SUR Analyst use and a denial reason key to correspond with Analyst determinations, referred to by code.

### Purpose

When, after reviewing the history/sample data, it is determined that the SUR analyst must review a provider's medical records, an SUR Non-Institutional Worksheet Report may be generated by clicking **Worksheet** on the specific SUR Claims Listing window. The worksheet is used during the medical record audit to verify that the provider may substantiate the services billed to Medicaid.

### Sort Sequence

Primary – Member last name, first name

<i>Note: Page break at each new claim</i>
---

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Requested Daily

### Detailed Field Definitions

Period	Timeframe reflected on the entire report (all worksheets)
Denial Reason Code Key	Description key to the denial reason codes that may be used in outcome determination
Provider	Provider's name (last, first) and Medicaid identification number
RID	Member identification number
Last Name, FI.	Member's name (last, first)
ICN	Internal control number of the claim
FDOS	From date of service of the claim detail

<b>TDOS</b>	To date of service of the claim detail
<b>Units</b>	Number of units billed for the procedure code on the claim detail
<b>Proc</b>	Procedure code billed on the claim detail
<b>Description</b>	Procedure code description
<b>Billed</b>	Amount billed for the claim detail
<b>Allowed</b>	Amount allowed for the claim detail
<b># Denied</b>	Blank field used when denying units of service subsequent to medical record review
<b>\$ Denied</b>	Blank field used when denying payment subsequent to medical record review
<b>RSN</b>	Reason code for the review outcome determination
<b>Claim Total:</b>	
<b>Units</b>	Total number of units billed for the entire claim
<b>Billed</b>	Total amount billed for the entire claim
<b>PAID</b>	Total amount paid (reimbursed) for the entire claim
<b>Allowed</b>	Total amount allowed for the entire claim
<b># Denied</b>	Blank field used when denying units of service subsequent to medical record review
<b>\$ Denied</b>	Blank field used when denying payment subsequent to medical record review

REPORT: SUR-1308-D                      IndianaAIM                      DATE: 10/25/2000  
 PROCESS: SRGJD133                      SUR Non-Institutional Worksheet                      TIME: 18:41:36  
 LOCATION: SRGP1382                      (Period 01/01/2000 - 04/30/2000)                      PAGE: 1  
 (SAMPLE SIZE: 220 RANDOM 050)

## Denial Reason Code Key:

1.Not Ordered                      8.Does not Meet Criteria for Injection                      15.Service Denied,Recoup Overhead Code  
 2.Not Verified                      9.Incorrect Units of Service                      16.No Doco to Support Medical Necessity  
 3.Not Covered                      10.Duplicate Billing                      17.Office Visit Included with Surgery  
 4.No Doco to Support Services Rendered                      11.Inappropriate Procedure Code                      18.No Odometer Reading  
 5.Fragmentation of Another Charge                      12.Not Signed by Recip/Prov/Medical Service                      19.No Signature/Proof of Delivery  
 6.No Tx Plan for DOS/Phys Review > 60 Days                      13.Time Unsubstantiated by Documentation                      20.Phys Order Date Not Specifically Ident  
 7.No Tx Plan for DOS/Phys Review > 90 Days                      14.Not Signed by Rendering/Supervising Phys                      21.No Doco for Level of Service/Recoup Diff

PROVIDER: CHUPP, RY L                      999999999

RID      LAST NAME      FI  
 9999999999 MAS      R

ICN      FDOS      TDOS      UNITS      PROC DESCRIPTION                      BILLED      ALLOWED      # DENIED \$ DENIED      RSN

999999999999 04/05/2000 04/05/2000 1 82962 GLUCOSE BLOOD, BY GLUCOS \$ 9,999,999.99 \$9,999,999.99 \_\_\_\_\_ PGM M

	UNIT	PAID	BILLED	ALLOWED
PGM C TOTAL:	0		\$9,999,999.99	\$ 9,999,999.99 _____
PGM M TOTAL:	6		\$9,999,999.99	\$ 9,999,999.99 _____
CLAIM TOTAL:	6	\$ 9,999,999.99	\$9,999,999.99	\$ 9,999,999.99 _____

\*\*\*      END OF CLAIM      \*\*\*





## SUR-1309-D Medical Records Request

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1309-D	SRGJD133	Medical Records Request

### Description of Information

The Medical Records Request Report is an on-request claim listing generated from the History/Sample generation function. General claim information that a provider would need in order to fill a request for medical records is printed on the report such as member name, RID, ICN, dates of service, and so on.

### Purpose

When, after reviewing the history/sample data, it is determined that the SUR analyst requires the provider's medical records to complete a review, a Medical Records Request Report may be generated by clicking **Med Rec** on the specific SUR Claims Listing window. The Medical Records Request Report is transmitted to the provider, with a letter explaining the process and expectations.

### Sort Sequence

- *Primary* - Member last name, first name

### Distribution

To	Media	Copies	Frequency
EDS	Paper	2	Requested Daily

### Detailed Field Definitions

#### Header Information:

Period	Time frame reflected on the report
Sample Size	Total number of claims listed on the request
Provider Name	Provider's name (last, first)
Medicaid ID	Provider's Medicaid identification number
Group ID	Group Medicaid identification number with which the provider is associated, if applicable
LOC	Detail locality code
TYP	Detail provider type code
SPC	Detail provider primary specialty code

#### Detail Information:

Member Name	Member's name (last, first)
RID	Member's Medicaid identification number
Birthdate	Member's birthdate
Age	Member's age
ICN	Internal control number of the claim
FDOS/Admit	For claim type I, the date of admission For all other claim types, the from date of service from the claim details
TDOS/Dschg	For claim type I, the date of discharge For all other claim types, the to date of service from the claim details

REPORT: SUR-1309-D      IndianaAIM      DATE: 10/25/2000  
 PROCESS: SRGJD133      Medical Records Request      TIME: 18:42:02  
 LOCATION: SRGP1392      (Period 01/01/2000 - 04/30/2000)      PAGE: 1  
 (SAMPLE SIZE: 2 RANDOM 0.5)

PROVIDER NAME	MEDICAID ID	GROUP ID	LOC	TYP	SPC
MCDANIEL	999999999	06	031	316	

MEMBER NAME (LAST, FIRST)	BIRTHDATE	AGE	ICN	FDOS/ADMIT	TDOS/DSCHG	RID
---------------------------	-----------	-----	-----	------------	------------	-----

1 BEAN	AILEEN	11/20/1916	83	9999999999999	03/18/2000	03/18/2000
9999999999999						

2 NULL	RUTH	05/14/1910	90	9999999999999	02/12/2000	02/12/2000
9999999999999						

3 BEAN	AILEEN	11/20/1916	83	9999999999999	03/18/2000	03/18/2000
9999999999999						

4 NULL	RUTH	05/14/1910	90	9999999999999	02/12/2000	02/12/2000
9999999999999						

5 BEAN	AILEEN	11/20/1916	83	9999999999999	03/18/2000	03/18/2000
9999999999999						

6 NULL	RUTH	05/14/1910	90	9999999999999	02/12/2000	02/12/2000
9999999999999						



## SUR-1320-D SURS Provider Detail History Summary

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1320-D	SRGJQ120	SURS Provider Detail History Summary

### Description of Information

The SURS Provider Detail History Summary provides a summary of each provider's claim activity for the current reporting period. Claim activity is ranked by procedure, diagnosis, EOP and DRG, with cumulative number of services, billed, allowed, paid and denied dollars reported for each code. Claim class totals are also reported.

### Purpose

The SURS Provider Detail History Summary may be used to quickly analyze the provider's overall code usage. Claim detail data may be obtained if needed, by requesting a Selected Provider History Detail Report.

### Sort Sequence

- Primary - Provider number
- Secondary - Rank order by code category (Procedure, EOP, Diagnosis, DRG)

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Requested Daily
IFSSA	Paper	1	Requested Daily

### Detailed Field Definitions

Reporting Period	Time frame reflected by the data on the report
Provider	Information identifying the provider, including medical identification number, name, and address
Primary Specialty	Provider's primary specialty code
Type	Provider's type code
Code	Code reported
Description	Description of the code
Svcs	Total number of services for the code
Qty	Total quantity for the code
Denied	Total number of services denied for the code

<b>\$Billed</b>	Total billed amount for the code
<b>\$Allowed</b>	Total allowed amount for the code
<b>\$Paid</b>	Total paid amount for the code
<b>\$Denied</b>	Total amount denied for the code
<b>Claim Class Totals:</b>	Summary information for each of the claim classes:
	NI – Non-Institutional
	IP – Inpatient
	OP – Outpatient Hospital
<b>Pts</b>	Number of patients with claims in this claim class
<b>Claims</b>	Number of claims in this claim class
<b>Qty</b>	Total quantity billed in this claim class
<b>Denied</b>	Total quantity denied in this claim class
<b>\$Billed</b>	Total dollars billed in this claim class
<b>\$Paid</b>	Total dollars paid in this claim class
<b>\$Denied</b>	Total dollars denied in this claim class

REPORT: SUR-1320- D

INDIANA AIM

PAGE NUM: 1

PROCESS: SRGJD133

RUN DATE: 10/26/2000

LOCATION: SRGP1302

SURS PROVIDER DETAIL HISTORY SUMMARY

REQ BY: XXXX

(SAMPLE SIZE: 1,227 RANDOM 100)

PERIOD: 04/01/1999 THRU 06/30/2000

PROV 999999999 LAMARCA

BRIDGET

BRIDGET C LAMARCA

INDIANAPOLIS

IN 46202

G/I I

DETAIL-- LOCALITY 49 Marion

TYP 015 Chiropractor

SPC 150 CHIROPRACTOR

\*\*\*\* PROVIDER TOTALS \*\*\*

PROC	DESCRIPTION	SVCS	QUANTITY	BILLED	ALLOWED
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56
98941	CHIROPRACTIC MANIPULATIVE		2,019	2,019.0	70,665.00 50,957.72
97033	APPLICATION OF A MODALIT		658	658.0	13,230.00 7,129.56





## SUR-1550-Q Provider to Peer Group Cross Reference

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1550-Q	SRGJQ150	Provider to Peer Group Cross Reference

### Description of Information

The Provider to Peer Group Cross-Reference Report displays the peer group(s) in which each provider is active. For those providers who have activity in more than one category of service, the appropriate peer grouping for each category of service is reported.

### Purpose

The Provider to Peer Group Cross-Reference Report may be used to identify the peer group(s) in which a provider is active. The Summary Profile reports are in peer group and provider number sequence. In order to find a specific provider, it is necessary to know the peer group and the SUR-1550-Q provides a quick reference.

### Sort Sequence

- *Primary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report
Provider	Provider's Medicaid identification number
COS	SURS category of service in which the provider's summary profile activity is reported
Loc	Cross-reference locality code used to determine the provider's reporting peer group
TYP	Cross-reference type code used to determine the provider's reporting peer group
SPC	Cross-reference specialty code used to determine the provider's reporting peer group. Not currently used.
Size	Cross-reference bed size grouping (for inpatient hospital providers) used to determine the provider's reporting peer group
G/I	Group indicator ( <b>G</b> = group provider, <b>I</b> = individual)
Number of Providers Processed	Cumulative total of all providers reported

PROVIDER TO PEER GROUP CROSS-REFERENCE REPORT  
PERIOD: MM/CCYY THRU MM/CCYY[illegible]

22-120

## SUR-1560-Q Provider Count by Peer Group

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-1560-Q	SRGJQ150	Provider Count by Peer Group

### Description of Information

The Provider Count by Peer Group Report displays all peer groups in each category of service, along with a count of the number of providers active in each peer group. This report is a summary of the information reported on the Provider to Peer Group Cross-Reference Report.

### Purpose

The Provider Count by Peer Group Report analyzes the appropriateness of the peer group structure and evaluates the effect of peer group changes before the changes are implemented.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Locality
- *Tertiary* - Type
- *Quaternary* - Specialty

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Period for the data extracted and summarized on this report.
Prov	Provider's Medicaid identification number
COS	SURS category of service in which the provider's summary profile activity is reported
LOC	Cross-reference peer group locality code and definition
TYP	Cross-reference peer group type code and definition
SPC	Cross-reference peer group specialty code and definition
Size	Cross-reference peer group bed size grouping (for inpatient hospital providers). Not currently used.

G/I	Peer group's group status ( <b>G</b> = group provider, <b>I</b> = individual)
Count	Number of providers with activity on the SURS master file assigned to this peer group

REPORT: SUR-1560-Q  
 PROCESS: SRGJQ150  
 LOCATION: SRGP1552

INDIANA AIM

PAGE NUM: 99,999

RUN DATE: MM/DD/CCYY

## PROVIDER TO PEER GROUP CROSS-REFERENCE REPORT

PERIOD: MM/CCYY THRU MM/CCYY

CATEGORY OF SERVICE 99

LOC	LOCATION DESCRIPTION	TYPE	TYPE DESCRIPTION	SPEC	SPEC DESCRIPTION	SIZE	G/I	COUNT
IN	INDIANA	T01	Hospital	S010	ACUTE CARE HOSPOTAL	N/A	G	21
				S011	PSYCHIATRIC HOSPOTAL	N/A	I	121
				S012	REHABILITATION HOSPOTAL	N/A	G	4
		T02	Ambulatory Surgical Cent	S020	AMBULATORY SURGICAL CENT	N/A	G	10
		T01	Hospital	S010	ACUTE CARE HOSPOTAL	N/A	G	21
				S011	PSYCHIATRIC HOSPOTAL	N/A	I	121
IN	GRAY			S012	REHABILITATION HOSPOTAL	N/A	G	14
	T02	Ambulatory Surgical Cent	S020	AMBULATORY SURGICAL CENT	N/A	G	10	
	T01	Hospital	S010	ACUTE CARE HOSPOTAL	N/A	G	21	
			S011	PSYCHIATRIC HOSPOTAL	N/A	I	121	
			S012	REHABILITATION HOSPOTAL	N/A	G	15	
	T02	Ambulatory Surgical Cent	S020	AMBULATORY SURGICAL CENT	N/A	G	110	



## SUR-3200-Q Provider Summary Profile (Exceptions)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3200-Q	DSIBMU31	Provider Summary Profile (Exceptions)

### Description of Information

The Provider Exception Summary Profile Report provides the user with a statistical summary of a provider's activity during the time periods reported. The purpose of this report is to monitor significant characteristics of provider quality and quantity of medical care, based on user-defined parameters. Exceptional patterns of practice are identified, based on either a percentage difference from the peer group average, a fixed value, or a standard deviation. Exception weight is assigned, based on the level of deviation. This report is produced when a provider's exception weight places him or her in the top Xpercent of exception providers in the category of service, and the provider meets the user-defined minimums for exception reporting.

### Purpose

A provider's summary profile is used to perform the initial review of the provider's practice. The key to effective use of the summary profile is to have appropriate parameters with line items designed to detect potential areas of abuse by the providers. The limits must be defined sufficiently above or below the peer group averages so that only those providers who have deviated most significantly are flagged. Providers are not flagged for exception on line items without an assigned exception limit. A limit is established for every selected parameter to detect mis-utilization.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Cat Svc Rpt Seq	Report sequence within category of service, when the multiple report sequence option is used.
Period	Time frame reflected by the data on the report
Program	The assistance program for which data is reported
Category of Service	Provider's medical care category and description reported

Report Location	Provider's peer group locality code and description
Report Type	Provider's peer group type code and description
Report Spec	Provider's peer group specialty code and description
Report Size	Provider's peer group bed size. Not currently used.
Report Org. Type	Provider's peer group organizational type, when this field is used
Report Facility Type	Provider's peer group facility type, when this field is used
Detail Location	Provider's original location code and description
Detail Type	Provider's original type code and description
Detail Spec	Provider's original specialty code and description
Detail Size	Provider's original bed size. Not currently used.
Detail Org. Type	Provider's original organization type, when this field is used
Detail Facility Type	Provider's original facility type, when this field is used
Prov	Information identifying the provider, including number, last, first name, middle initial, and address.
G/I	Indicates whether the provider is a group or individual provider ( <b>G</b> = group, <b>I</b> = individual).
Reference Period	Reporting period selected as the period on which peer group averages are computed for comparison to the provider's activity for determination of exceptions. P1 is the most recent period.
FYTD Period	Fiscal year-to-date period that defines data included in the FYTD totals at the bottom of the report. User determines the month used for the fiscal year-to-date accumulations. Dates displayed in this field begin with the first month of the fiscal year and end with the last month of data reported. Currently set at <b>July</b> .
Ref Period Peer Grp Count	Total number of providers in the peer group who have data in the reference period, and whose activity is used to compute the peer group averages.
Tot Wgt	Provider's total exception weight for all reporting periods. This weight represents a measure of deviation from the expected values for all data elements noted as exceptions.
Period Weight Multipliers	Factor selected by the user, by which the computed <b>0.5, 0.7, 1.0, 1.0, 1.0</b> exception weight is multiplied for each corresponding reporting period. This enables the user to effect higher weight on exception items in a selected reporting period, such as the reference period, and lower weight in periods where the data may not be as complete because of the claim filing deadline. This factor is a whole number and one decimal place. There are five period weight multipliers.
Minimums for Exception Reporting Billed 15000, Members 60, Claims 60, Services 60	User-selected activity minimums that must be met before a provider is considered an exception provider. A provider who does not meet these minimums is not reported on the 320 report. These minimums are used to prevent the generation of 320 reports for providers whose low volume of activity would not warrant investigation. Minimum values for number of



dollars billed, members, claims, and services may be established by the user to ensure that low volume providers are not considered exceptions. Low volume providers receive high exception weight because their averages, percentages, and services per member are distorted simply because they perform very few services. By setting these minimums at realistic levels, the exception reports produced are more likely to represent valid cases of abuse or mis-utilization. Values set apply to the provider's activity during the reference period. One set of minimums is used for all categories of service.

### Reporting Period Headers

Month(s) and year(s) for beginning and ending dates for reporting periods 1 through 5.

### Activity Summary

List of user-defined report elements that apply to the report image in which the provider has activity. Exception limits established by the user for each parameter appear immediately following the line item to which it pertains.

Up to 99 line items may be selected by the user, according to current needs. Each Category of Service has its own set of line items applicable to the type of medical care provided. Within each Category of Service, nine different sets of line items are available. The ninth set is considered the default activity summary and applies to all providers in the Category of Service whose specialty is not specified elsewhere.

### Line Item Number

Line item number as defined on the 40 control file

### Line Item Description

Line item description as defined on the 40 control file

### Peer Trend

Measure of the change in totals over the five reporting periods for the peer group.

$$\text{Trend} = \frac{100 \times (2P1 + P2 - P4 - 2P5)}{2 \times (P1 + P2 + P3 + P4 + P5)}$$

P1 represents the most recent reporting period, P2 represents the next most recent reporting period, and so on. If fewer than five periods are reported, the value of unused periods is zero. Therefore, the result of the trend calculation may not be valid.

The Trends field may be suppressed, if the user determines this information is of little value or may be misleading.

### Indiv Trends

Measure of the change in totals over the five reporting periods for the individual provider.

### Reference Period Weight

Mathematical calculation of the degree of deviation from the expected (peer group) values for each line item in the reference period during which the provider has exceptional activity.

$$\text{Weight} = 100 \times \frac{(\text{Indiv Value} - \text{PGA})}{\text{PGA}}$$

The result of the calculation is multiplied by the appropriate period weight multiplier.

Example:

Peer group average = 3

Individual's value = 9

Period Weight Multiplier = Default value 1.0

$$\frac{(9 - 3)}{3} = 2 \times 100 = 200 \times 1.0 = 200$$

Per Gp Avg	Average value of each data element for the entire peer group in the reference period, based on the information appearing on the Provider Peer Group Profile Report
Line Item Values Periods 1-5	Computed values for individual reporting periods (1-5) for each line item.
Exception Indicator	Flags that appear next to the value of a line item when a provider deviates outside the range of acceptable values as established by the user. An exception may occur only on line items for which the user sets limits. <b>H</b> is the resulting value for the provider exceeding the high limit. <b>L</b> is the resulting value for the provider under the low limit.
Total Exceptions	Total number of exceptions for all reporting periods. Values displayed in the remainder of the line represent the number of exceptions occurring in each reporting period, 1-5.
Total Weight	Accumulated exception weight for all reporting periods. Values displayed in the remainder of the line represent the weight occurring in each reporting period, 1-5.
FYTD Totals (Title XIX and XVIII)	
No Svcs	Total number of services performed by this provider for the Title XIX and XVIII payment classes
Amt Billed	Total dollars billed for services performed by this provider for the Title XIX and XVIII payment classes
Amt Allowed	Total dollars allowed for services performed by this provider for the Title XIX and XVIII payment classes
Amt Paid	Total dollars paid for services performed by this provider for the Title XIX and XVIII payment classes
Pct Pd/Bill	Percentage of the amount billed that was paid for services in the Title XIX and XVIII payment classes

CATEGORY OF SERVICE - 06 - PHYSICIAN

IN 45647 G/I G



## SUR-3210-Q Provider Summary Profile (Total List)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3210-Q	DSIBMU31	Provider Summary Profile (Total List)

### Description of Information

The Provider Summary Profile (Total List) Report provides a summary profile for all providers in each category of service who meet activity minimums during the reference period. This report is identical in content to the Provider Exception Summary Profile Report (SUR-3200-Q), but because it reports on every provider who met the minimums it is normally much larger in volume.

### Purpose

A provider's summary profile is used to perform the initial review of the provider's practice. The key to effective use of the summary profile is to have appropriate parameters with line items designed to detect potential areas of abuse by the providers. The limits must be defined sufficiently above or below the peer group averages so that only those providers who have deviated most significantly are flagged. Providers are not flagged for exception on line items without an assigned exception limit. A limit is established for every selected parameter to detect mis-utilization.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly and On Request
IFSSA	CRLD	0	Quarterly and On Request

### Detailed Field Definitions

The report field descriptions for the Provider Summary Profile (Total List) Report are identical to those of the Provider Exception Summary Profile Report (SUR-3200-Q). Please refer to the report field descriptions section for Provider Exception Summary Profile Report for this information.

REPORT: SUR-3210- Q INDIANAIM  
PROCESS: DSIBMU31  
LOCATION: HUGS320B PROVIDER SUMMARY PROFILE REPORT (TOTAL LIST)  
CAT SVC-RPT SEQ 06-A INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM  
PROGRAM: MEDICAID CATEGORY OF SERVICE - 06 - PHYSICIAN  
REPORT--LOCATION - ALL - ALL TYPE - T31 - Physician SPEC - S332 - ENT  
SIZE N/A ORG. TYP FACILITY TYPE  
DETAIL--LOCATION - 46 - LaPorte TYPE - 031 - Physician SPEC - 332 - OTOLOGIST, LARYNGOLOGIST  
SIZE 00000 ORG. TYP FACILITY TYPE

PROV - 999999999 SMITH K BEN MD 1509 STATE STREET #2A LAPORTE IN 45647 G/I G

REFERENCE PERIOD: MMM YY-MMM YY FYTD PERIOD - MMM YY-MMM YY REFERENCE PERIOD PEER GROUP COUNT - 99,999 TOT WGT - 999,999

PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9  
MINIMUMS FOR EXCEPTION REPORTING BILLED 99999 MEMBERS 99999 CLAIMS 99999 SERVICES 99999

-----ACTIVITY SUMMARY-----	-----TRENDS-----		-REFERENCE PERIOD-		MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
	PEER	INDIV	WEIGHT	PER GP AVG	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
02-Amount Paid	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
03-Percent Paid of Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
04-Number of Claims	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
05-Number of Members	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
06-Avg Amt Billed/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
07-Avg Amt Paid/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
TOTAL EXCEPTIONS	999,999				99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999				99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
FYTD TOTALS TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED 999.99
TITLE XVIII		9999		999,999.99		999,999.99		999,999.99	999.99

## SUR-3220-Q Selected Provider Summary Profile

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3220-Q	DSIBMU31	Selected Provider Summary Profile

### Description of Information

The Selected Provider Summary Profile Report offers the option of selecting providers for whom a summary profile is produced regardless of whether or not the provider had exceptions. The activity minimums are not applied to selected providers. The format of this report is exactly like that of the Provider Exception Summary Profile Report (SUR-3200-Q).

### Purpose

A Selected Provider Summary Profile Report may be requested to ensure that a Profile is produced for providers who are targeted for review from sources other than the Exception Ranking Report. This report is redundant if the All Provider Summary Profile Report is routinely produced.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* – Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly and On Request
IFSSA	CRLD	0	Quarterly and On Request

### Detailed Field Definitions

The report field descriptions for the Selected Provider Summary Profile Report are identical to those of the Provider Exception Summary Profile Report (SUR-3200-Q). Please refer to the report field descriptions section for Provider Exception Summary Profile Report (SUR-3200-Q) for this information.

REPORT: SUR-3220- Q

INDIANAIM

PROCESS: DSIBMU31

PAGE NUM: 99,999

LOCATION: HUGS322B

SELECTED PROVIDER SUMMARY PROFILE REPORT

RUN DATE: 05/08/99

RUN TIME: 14:37:56

CAT SVC-RPT SEQ 06-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD: MM YY THRU MM YY

PROGRAM: MEDICAID

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA

TYPE - T31 - Physician

SPEC

- S332 - ENT

SIZE N/A ORG. TYP FACILITY TYPE

DETAIL--LOCATION - 46 - LaPorte

TYPE - 031 - Physician

SPEC

- 332 - OTOLOGIST, LARYNGOLOGIST

SIZE 00000 ORG. TYP FACILITY TYPE G/I

PROV - 999999999

SMITH K BEN MD

1509 STATE STREET #2A LAPORTE

IN 45647 G/I G

REFERENCE PERIOD: MMM YY-MMM YY

FYTD PERIOD - MMM YY-MMM YY

REFERENCE PERIOD PEER GROUP COUNT -

99,999

TOT WGT - 999,999

PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

-----ACTIVITY SUMMARY-----	-----TRENDS-----		-REFERENCE PERIOD-			MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
	PEER	INDIV	WEIGHT	PER	GP	AVG	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
02-Amount Paid	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
03-Percent Paid of Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
04-Number of Claims	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
05-Number of Members	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
06-Avg Amt Billed/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
07-Avg Amt Paid/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
TOTAL EXCEPTIONS	999,999				99,999	99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999				99,999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999

FYTD TOTALS	TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED	999.99
	TITLE XVIII		9999		999,999.99		999,999.99		999,999.99		999.99



## SUR-3230-Q Provider Group Summary Profile

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3230-Q	DSIBMU31	Provider Group Summary Profile

### Description of Information

The Provider Group Summary Profile Report provides an exception profile on the billing provider groups or clinics. Whereas the other provider summary reports deal with the performing provider practices, the provider group profiles report all activity billed under the group number, regardless of which provider in the group actually rendered the service. This report is identical in format to the Provider Summary Profile Report.

### Purpose

A provider group summary profile is used to perform the initial review of the group provider's practice, regardless of which provider in the group actually render the services. Utilization of the group profile report provides a comprehensive picture of the entire group's billing and practice patterns. If, upon initial review of the group's practice, one or two providers in the group are suspected of contributing primarily to the group's exceptions, the individual provider's profiles may be analyzed for confirmation.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly and On Request
IFSSA	CRLD	0	Quarterly and On Request

### Detailed Field Definitions

The report field descriptions for the Provider Group Summary Profile Report are identical to those of the Provider Exception Summary Profile Report (SUR-3200-Q). Please refer to the report field descriptions section for Provider Exception Summary Profile Report (SUR-3200-Q) for this information.

REPORT: SUR-3230- Q

INDIANAIM

PROCESS: DSIBMU31

PAGE NUM: 99,999

LOCATION: HUGS323B

PROVIDER GROUP SUMMARY PROFILE REPORT

RUN DATE: 05/08/99

CAT SVC-RPT SEQ 06-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

RUN TIME: 14:37:56

PERIOD: MM YY THRU MM YY

MEDICAID

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA

TYPE - T31 - Physician

SPEC

- S332 - ENT

SIZE N/A ORG. TYP FACILITY TYPE

DETAIL--LOCATION - 46 - LaPorte

TYPE - 031 - Physician

SPEC

- 332 - OTOLOGIST, LARYNGOLOGIST

SIZE 00000 ORG. TYP FACILITY TYPE G/I

PROV - 999999999 SMITH K BEN MD

1509 STATE STREET #2A LAPORTE

IN 45647 G/I G

REFERENCE PERIOD: MMM YY-MMM YY FYTD PERIOD - MMM YY-MMM YY REFERENCE PERIOD PEER GROUP COUNT - 99,999 TOT WGT - 999,999

PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

-----ACTIVITY SUMMARY-----	-----TRENDS-----		-REFERENCE PERIOD-		MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
	PEER	INDIV	WEIGHT	PER GP AVG	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY

01-Amount Billed X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

02-Amount Paid X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

03-Percent Paid of Billed X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

04-Number of Claims X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

05-Number of Members X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

06-Avg Amt Billed/Member X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

07-Avg Amt Paid/Member X999.99 X999.99 99,999 99,999.99 999999.99 999999.99 999999.99 999999.99 999999.99 X

TOTAL EXCEPTIONS 999,999 99,999 99,999 99,999 99,999 99,999

TOTAL WEIGHT 999,999 99,999,999 99,999,999 99,999,999 99,999,999 99,999,999

FYTD TOTALS TITLE XIX NO SVCS 9999 AMT BILLED 999,999.99 AMT ALLOWED 999,999.99 AMT PAID 999,999.99 PCT PAID/BILLED 999.99

TITLE XVIII 9999 999,999.99 999,999.99 999,999.99 999.99

## SUR-3240-Q Provider Exception De-selection

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3240-Q	DSIBMU31	Provider Exception De-selection

### Description of Information

The Provider Summary De-selection Listing Report is produced when the user creates a list of providers that to eliminate from exception processing. If a provider is deselected, that provider's activity is included in the peer group summaries (325) and a summary profile (321) is produced. However, these providers are not eligible for the exception profiles (320) or the summary exception rank report (330). The deselected provider, deselect date, and comments entered into the Provider/Member De-selection Input window.

### Purpose

The Provider Summary De-selection Listing Report provides a reference for the user on providers not included in exception processing.

### Sort Sequence

- *Primary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
Provider Number	Deselected provider's number (user entered on the De-selection File)
Review Date	User-specified date, for informational purposes only, usually identifying the date of previous review. In Indiana, providers are deselected for one year following a review of their practice, then are removed from the de-selection listing to allow exception processing rank reporting if aberrant billing practice exists.
Review Status & Comments	Brief reason for de-selection, such as on review or under investigation (user entered on the De-selection File)
Total Providers Deselected	Total number of providers who are in the de-selection file

REPORT: SUR-3240- Q  
PROCESS: DSIBMU31  
LOCATION: HUGS324B

INDIANAIM  
PROVIDER SUMMARY DESELECTION LISTING

PAGE NUM: 99,999  
RUN DATE: 05/08/99  
RUN TIME: 14:37:56  
PERIOD: MM YY THRU MM YY

PROVIDER NUMBER	REVIEW DATE	REVIEW STATUS AND COMMENTS
999999999	MMDDCCYY	XX
999999999	MMDDCCYY	XX
999999999	MMDDCCYY	XX
999999999	MMDDCCYY	XX
999999999	MMDDCCYY	XX
TOTAL PROVIDERS DESELECTED 9,999		

## SUR-3250-Q Provider Peer Group Summary Profile

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3250-Q	DSIBMU31	Provider Peer Group Summary Profile

### Description of Information

The Provider Peer Group Summary Profile Report is a statistical summary by peer group for all user-defined parameters. From the data accumulated on the report, peer group averages are calculated and trends are computed to compare to the individual's activity.

### Purpose

The Provider Peer Group Profile Report may be used to assess the cost and type of medical care provided by each provider peer group. In provider case reviews, the data on this report may be compared to the individual provider's activity to determine if the provider's activity comprised a significant portion of the peer group's total. This report may also be used to measure the effectiveness of, or the need for, major program changes.

This report acts as a reference to analyze the medical activity of selected provider types or specialties. Provider activity in any given area of the state may be studied and compared to other areas.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Cat Svc- Rpt Seq

Report sequence within category of service, when the multiple report sequence option is used.

Period

Time frame reflected by the data on the report.

Category of Service

Peer group's medical care category and description reported.

Report Location

Peer group location code and description.

Report Type	Peer group type code and description.
Report Spec	Peer group specialty code and description.
Report Size	Peer group bed size, when this field is used.
Report Org. Type	Peer group organization type, when this field is used.
Report Facility Type	Peer group facility type, when this field is used.
Reference Period	Reporting period selected by the user as the period in which peer group averages are computed for comparison to the provider's activity for determination of exceptions. P1 is the most recent period.
FYTD Period	Fiscal year-to-date period that defines data included in the FYTD totals at the bottom of the report. User determines the month used for the fiscal year-to-date accumulations. Dates displayed in this field begin with the first month of the fiscal year and end with the last month of data reported.
Ref Period Peer Grp Count	Total number of providers in the peer group who have data in the reference period, and whose activity is used to compute the peer group averages.
Reporting Period Headers	Month(s) and year(s) for beginning and ending dates for reporting periods 1 through 5.
Activity Summary	List of user-defined report elements that apply to the report image in which the provider has activity. Exception limits established by the user for each parameter appear immediately following the line item to which they pertain. Up to 99 line items may be selected according to current needs. Each Category of Service has its own line items applicable to the type of medical care provided. Within each Category of Service, nine different sets of line items are available. The ninth set is considered the default activity summary and applies to all providers in the Category of Service whose specialty is not specified elsewhere.
Number of Provs Reporting	Number of providers who have data for each of the reporting periods
Number of Different Patients	Number of members for each of the reporting periods
Line Item Number	Line item number as defined on the 40 control file
Line Item Description	Line item description as defined on the 40 control file
Trend	Measure of the change in totals over the five reporting periods for the peer group. $\text{Trend} = \frac{100 \times (2P1 + P2 - P4 - 2P5)}{2 \times (P1 + P2 + P3 + P4 + P5)}$ <p>P1 represents the most recent reporting period, P2 represents the next most recent reporting period, and so on. If fewer than five periods are reported, the value of unused periods is zero. Therefore, the result of the trend calculation may not be valid. The Trends field may be suppressed, if the user determines this information is of little value or may be misleading.</p>
Line Item Values Periods 1-5	Computed values for individual reporting periods (1-5) for each line item.
FYTD Totals (Title XIX and XVIII)	
Svcs	Total number of services performed by this peer group for the Title XIX and XVIII payment classes

<b>Billed</b>	Total dollars billed for services performed by this peer group for the Title XIX and XVIII payment classes
<b>Allowed</b>	Total dollars allowed for services performed by this peer group for the Title XIX and XVIII payment classes
<b>Paid</b>	Total dollars paid for services performed by this peer group for the Title XIX and XVIII payment classes
<b>Pct/Pd/Billed</b>	Percentage of the amount billed that was paid for services in the Title XIX and XVIII payment classes

REPORT: SUR-3250- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS325B

INDIANAIM

## PROVIDER PEER GROUP SUMMARY PROFILE REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

CAT SVC-RPT SEQ 06-A

## INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD: MM YY THRU MM YY

CATEGORY OF SERVICE - 06 - PHYSICIAN

TYPE - T31 - Physician

SPEC

- S332 - ENT

REPORT--LOCATION - IN - INDIANA  
 SIZE N/A ORG. TYP FACILITY TYPE

REFERENCE PERIOD MMM YY-MMM YY FYTD PERIOD - MMM YY-MMM YY REFERENCE PERIOD PEER GROUP COUNT - 99,999

-----ACTIVITY SUMMARY-----	TREND	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
----------------------------	-------	--------	--------	--------	--------	--------

NUMBER OF PROVIDERS REPORTING		9,999.99	9,999.99	9,999.99	9,999.99	9,999.99
-------------------------------	--	----------	----------	----------	----------	----------

NUMBER OF DIFFERENT PATIENTS		9,999.99	9,999.99	9,999.99	9,999.99	9,999.99
------------------------------	--	----------	----------	----------	----------	----------

01-Amount Billed	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
02-Amount Paid	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
03-Percent Paid of Billed	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
04-Number of Claims	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
05-Number of Members	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
06-Avg Amt Billed/Member	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
07-Avg Amt Paid/Member	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99

FYTD TOTALS TITLE XIX	SVCS	9999	BILLED 999,999.99	ALLOWED 999,999.99	PAID 999,999.99	PCT/PAID/BILLED 999.99
TITLE XVIII		9999	999,999.99	999,999.99	999,999.99	999.99



## SUR-3260-Q Provider Summary Profile Exception Statistics

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3260-Q	DSIBMU31	Provider Summary Profile Exception Statistics

### Description of Information

The Provider Summary Profile Exceptions Statistics Report displays the statistical information related to each line item on the summary profiles. Three report pages of information are produced for each peer group.

### Purpose

Using the data from the Provider Summary Profile Exception Statistics Report, the user may analyze each line item for effectiveness and determine if the exception limits are too high or too low. The user may determine the appropriateness of line items and exception limits by analyzing the number and percentage of exception providers for each line.

Ideally, approximately only the top 5percent of providers in a peer group except on a line. This percentage may vary depending on the size of the peer group, the nature of the line item, and several other factors. Before the exception limits on any line are adjusted, appraise all peer group averages reported in the reporting image, the standard deviations of each, the number of providers in each, and the intended use of the information from the line item.

If a certain line item consistently has no exceptions across all peer groups, evaluate the need for the line item, and replace it with one more likely to reveal aberrant activity.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Report sequence
- *Tertiary* - Peer group

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Cat Svc – Rpt Seq

Report sequence within the category of service, when the multiple report sequence option is used

Period

Time frame reflected by the data on the report

Report Location	Peer group location code and description
Report Type	Peer group type code and description
Report Spec	Peer group specialty code and description
Report Size	Peer group bed size. Not currently in use.
Report Org. Type	Peer group organization type, when this field is used
Report Facility Type	Peer group facility type, when this field is used
Reference Period	Reporting period selected as the period during which peer group averages are computed.
Reference Period Peer Group Count	Total number of providers in the peer group who have activity in the reference period
Number of Provs Reporting	Total number of providers who had activity in each of the reporting periods
Activity Summary	List of user-defined report elements that apply to the report image reported
Line Item Number	Line item number as defined on the 40 control file
Line Item Description	Line item description as defined on the 40 control file
Reference Period Average	Peer group average for each line item, based on the reference period activity
Reference Period Low Limit	Value of the low limit established by the user. If the limit is a percentage or standard deviation variance, the minimum allowable calculated from the peer group average appears in this field.
Reference Period High Limit	Value of the high limit established by the user. If the limit is a percentage or standard deviation variance, the maximum allowable value calculated from the peer group average appears in this field.
Exception % of Peer Group	Number of providers excepting on the line expressed as a percentage of all providers in the peer group.
Average	Average value for the peer group for the line item
Std Dev	Value of one standard deviation for the peer group. Asterisks indicate there is not more than one provider with activity for the line.
Max Value	Highest value that occurred for any individual in the peer group during the reference period
Exceptions % of Per Gp	Percent of providers in the peer group who excepted on the line during the reference period
All Periods-Total Exceptions	Total number of exceptions for the line during all period reported
Reference Period Percentiles	Value of the line item occurring at each of six user-defined percentiles. <b>5, 25, 50, 75, 90, 98</b>

REPORT: SUR-3260- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS325B

INDIANAIM

## PROVIDER SUMMARY PROFILE EXCEPTIONS STATISTICS REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

CAT SVC-RPT SEQ 06-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD: MM YY THRU MM YY

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA  
 SIZE N/A ORG. TYP FACILITY TYPE

TYPE - T31 - Physician

SPEC

- S332 - ENT

REFERENCE PERIOD MMM YY-MMM YY

REFERENCE PERIOD PEER GROUP COUNT - 99,999

-----ACTIVITY SUMMARY-----	--AVERAGE-	-----REFERENCE PERIOD-----		-----EXCEPTION COUNTS FOR PERIOD ENDING-----									
		----LOW----	----HIGH----	MMM YY		MMM YY		MMM YY		MMM YY		MMM YY	
		LIMIT	LIMIT	LO	HI	LO	HI	LO	HI	LO	HI	LO	HI
NUMBER OF PROVIDERS REPORTING				9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999	9,999,999
01-Amount Billed	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
02-Amount Paid	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
03-Percent Paid of Billed	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
04-Number of Claims	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
05-Number of Members	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
06-Avg Amt Billed/Member	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0
07-Avg Amt Paid/Member	99999.99	+0.00	0.00	0	0	0	0	0	0	0	0	0	0

REPORT: SUR-3260- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS325B

INDIANAIM

## PROVIDER SUMMARY PROFILE EXPCEPTIONS STATISTICS REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

CAT SVC-RPT SEQ 01-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

- GROUP PERIOD: MM YY THRU MM YY

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA  
 SIZE N/A ORG. TYP FACILITY TYPE

TYPE - T31 - Physician

SPEC - S332 - ENT

REFERENCE PERIOD MMM YY-MMM YY

REFERENCE PERIOD PEER GROUP COUNT - 99,999

-----ACTIVITY SUMMARY-----	--AVERAGE--	--STD DEV--	--MAX VALUE--	--EXCEPTIONS-- % OF PER GRP	----TOTAL---- -EXCEPTIONS-
01-Amount Billed	99999.99	999999.99	999999.99	999.99	99999
02-Amount Paid	99999.99	999999.99	999999.99	999.99	99999
03-Percent Paid of Billed	99999.99	999999.99	999999.99	999.99	99999
04-Number of Claims	99999.99	999999.99	999999.99	999.99	99999
05-Number of Members	99999.99	999999.99	999999.99	999.99	99999
06-Avg Amt Billed/Member	99999.99	999999.99	999999.99	999.99	99999
07-Avg Amt Paid/Member	99999.99	999999.99	999999.99	999.99	99999

REPORT: SUR-3260- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS325B

INDIANAIM

PROVIDER SUMMARY PROFILE EXCEPTIONS STATISTICS REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
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CAT SVC-RPT SEQ 01-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

- GROUP PERIOD: MM YY THRU MM YY

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA  
 SIZE N/A ORG. TYP FACILITY TYPE

TYPE - T31 - Physician

SPEC - S332 - ENT

REFERENCE PERIOD MMM YY-MMM YY

REFERENCE PERIOD PEER GROUP COUNT - 99,999

-----ACTIVITY SUMMARY-----

-----REFERENCE PERIOD PERCENTILES-----

	99.9	99.9	99.9	99.9	99.9	99.9
01-Amount Billed	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
02-Amount Paid	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
03-Percent Paid of Billed	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
04-Number of Claims	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
05-Number of Members	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
06-Avg Amt Billed/Member	99999.99	999999.99	999999.99	999.99	999999.99	999999.99
07-Avg Amt Paid/Member	99999.99	999999.99	999999.99	999.99	999999.99	999999.99



## SUR-3270-Q Provider Summary Profile (Forced) Report

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3270-Q	DSIBMU31	Provider Summary Profile (Forced) Report

### Description of Information

The Provider Summary Profile (Forced) Report provides the user with a report that is identical in format to the Provider Summary Profile (320) report. It contains a summary profile for any provider who has excepted on a line item that the user designates as a forced exception line item. The exception limit must be defined carefully in the 40 Control File in order to produce the report on only the most deviant providers; otherwise, the volume of paper produced could be unmanageable.

### Purpose

The Provider Summary Profile (Forced) Report supports areas of special study.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Provider peer group
- *Tertiary* - Provider number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly, and On Request
IFSSA	CRLD	0	Quarterly, and On Request

### Detailed Field Definitions

The report field descriptions for the Provider Summary Profile (Forced) Report are identical to those of the Provider Exception Summary Profile Report. Please refer to the report field descriptions section for Provider Exception Summary Profile Report for this information.

REPORT: SUR-3270- Q

INDIANAIM

PROCESS: DSIBMU31

PAGE NUM: 99,999

LOCATION: HUGS323B

PROVIDER SUMMARY PROFILE REPORT (FORCED)

RUN DATE: 05/08/99

RUN TIME: 14:37:56

CAT SVC-RPT SEQ 06-A

INDIANA MEDICAID MANAGEMENT INFORMATION SYSTEM

PERIOD: MM YY THRU MM YY

MEDICAID

CATEGORY OF SERVICE - 06 - PHYSICIAN

REPORT--LOCATION - IN - INDIANA

TYPE - T31 - Physician

SPEC

- S332 - ENT

SIZE N/A ORG. TYP FACILITY TYPE

DETAIL--LOCATION - 46 - LaPorte

TYPE - 031 - Physician

SPEC

- 332 - OTOLOGIST, LARYNGOLOGIST

SIZE 00000 ORG. TYP FACILITY TYPE

PROV - 999999999

SMITH K BEN MD

1509 STATE STREET #2A LAPORTE

IN 45647 G/I G

REFERENCE PERIOD: MMM YY-MMM YY FYTD PERIOD - MMM YY-MMM YY REFERENCE PERIOD PEER GROUP COUNT - 99,999 TOT WGT - 999,999

PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

-----ACTIVITY SUMMARY-----	-----TRENDS-----		-REFERENCE PERIOD-			MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
	PEER	INDIV	WEIGHT	PER	GP	AVG	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
02-Amount Paid	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
03-Percent Paid of Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
04-Number of Claims	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
05-Number of Members	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
06-Avg Amt Billed/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
07-Avg Amt Paid/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
TOTAL EXCEPTIONS	999,999					99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999					99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
FYTD TOTALS TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED	999.99
TITLE XVIII		9999		999,999.99		999,999.99		999,999.99		999.99



## SUR-3300-Q Provider Summary Profile Exception Ranking

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3300-Q	DSIBMU31	Provider Summary Profile Exception Ranking

### Description of Information

The Provider Summary Profile Exception Ranking Report lists the exception providers in descending weight order. The total weight is an accumulation of the weight assigned to each exception item the provider has in the summary profile. In addition to basic information about the provider, the ranking report gives a volume summary of the provider's activity during the reference period in order to aid the reviewer in selecting providers for initial review. A separate ranking report is generated for each category of service.

By using minimum activity parameters (members, services, claims, and charges), the user may eliminate low volume providers from ranking because utilization review of low volume providers may not be cost-effective. In most cases, these exceptions are unjustifiably created because of the provider's limited activity. The minimums established apply to all categories of service.

### Purpose

The Provider Summary Profile Exception Ranking Report is the first report used in selecting providers for review. After a provider is selected from the ranking report, that provider's summary profile is reviewed to determine if further investigation is appropriate.

### Sort Sequence

- *Primary* - Category of service
- *Secondary* - Exception weight

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Category of Service	Provider medical care category and description reported
Report Sequence	Report sequence within category of service, when the multiple report sequence option is used

Reference Period	Reporting period selected as the period in which peer group averages are computed for comparison to the provider's activity for determination of exceptions. P1 is the most recent period.
Period Weight Multipliers	Factor selected with which the computed exception weight is multiplied for each corresponding reporting period. This enables the user to effect higher weight on exception items in a selected reporting period such as the reference period, and lower weight in periods where the data may not be as complete because of the claim filing deadline. This factor is a whole number and one decimal place. There are five period weight multipliers.
Reporting Limit	Maximum number of providers, ranked as specified by the user. Default value is 1000. Currently <b>500</b> .
Minimums for Exception Reporting Members, Services, Claims, Charges	User-selected activity minimums that must be met before a provider is considered an exception provider. Minimum values for number of dollars billed, members, claims, and services may be established to ensure that low volume providers are not considered exceptions. Low volume providers receive high exception weight because their averages, percentages, and services per member are distorted simply because they perform very few services. By setting these minimums at realistic levels, the exception reports produced are more likely to represent valid cases of abuse or mis-utilization. Values set apply to the provider's activity during the reference period. One set of minimums is used for all categories of service.
Rank	Relative rank of the provider among all providers reported. (Rank of 1 is assigned to the provider with the highest weight whose activity volume is equal to or greater than the minimums).
Totl Weight	Exception weight from the provider's summary profile that determines rank. Providers may be ranked by their exception weight from any one of the reporting periods or by total weight of all periods. Weight source is displayed in the report header. <b>Totl</b> means the total weight from all reporting periods is used for ranking. <b>Per 1</b> means the exception weight from the most current reporting period is used.
Tot Exp	Total number of exceptions the provider has for all reporting periods
Prov	Provider's medical identification number
Name	Provider's name: last, first, and middle initial
Loc	Provider's peer group locality code
Typ	Provider's peer group type code
Spc	Provider's peer group specialty code
Reference Reporting Period:	
Svcs	Total number of services during the reference period, based on either dates of service or date of payment
Billed	Total dollar amount billed by the provider during the reference period, based on either dates of service or date of payment.
Allowed	Total dollar amount allowed during the reference period, based on either dates of service or date of payment
Paid	Total dollar amount paid to the provider during the reference period, based on either dates of service or date of payment

<b>No Recips</b>	Total number of members the provider performed services for during the reference period, based on either dates of service or date of payment
<b>No Claims</b>	Total number of claims submitted by the provider during the reference period, based on either dates of service or date of payment
<b>SUR-320 Page No</b>	Page number of the exception profile (320) for this provider

REPORT: SUR-3300- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS330B

INDIANAIM

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

## GROUP PROVIDER SUMMARY PROFILE EXCEPTION RANKING REPORT

CATEGORY OF SERVICE - 03 - OUTPATIENT

REFERENCE PERIOD - MMM YY-MMM YY PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

REPORTING LIMIT - 99999 MINIMUM MEMBERS - 99999 MINIMUM SERVICES - 99999 MINIMUM CLAIMS - 99999 MINIMUM CHARGES - 99999

RANK	TOTAL WEIGHT	TOT EXP	PROV	-----PROVIDER-----			-----REFERENCE REPORTING PERIOD-----							NO. RECIPS	NO. CLMS	SUR-320 PAGE NO
				NAME	LOC	TYP	SPC	SVCS	-----AMOUNTS-----			PAID				
									BILLED	ALLOWED						
1	4853	32	9999999999	ST ANTHONY MED CENTER	IN	TO1	S010	4853	999999.99	999999.99	99999.99	668	973	14		
2	2482	18	9999999999	TIPTON COUNTY MEMORIAL	IN	TO1	S010	2508	999999.99	999999.99	99999.99	269	473	12		
3	2432	13	9999999999	LIFELINES CHILDRENS	IN	TO1	S012	119	999999.99	999999.99	99999.99	15	73	1		
4	2167	9	9999999999	GOSHEN GENERAL	IN	TO1	S010	5994	999999.99	999999.99	99999.99	600	97	13		
5	2085	10	9999999999	AMERICAN EYE INS	IN	TO2	S020	6	999999.99	999999.99	99999.99	5	3	3		

## SUR-3500-Q Member Summary Profile (Exceptions)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3500-Q	DSIBMU34	Member Summary Profile (Exceptions)

### Description of Information

The Beneficiary Summary Profile (Exceptions) Report provides a statistical summary of a member's activity during the time periods that are reported. The purpose of this report is to monitor significant characteristics of member utilization, based on user-defined parameters. Exceptional patterns of utilization are identified, based on either a percentage difference from the peer group average, a fixed value, or a standard deviation. Exception weight is assigned, based on the level of deviation. This report is produced when a member's exception weight places him or her in the top Xpercent of exception members and the member meets the user-defined minimums for exception reporting.

### Purpose

A member's summary profile is used to perform the initial review of the member's utilization. The key to effective use of the summary profile is to have appropriate parameters with line items designed to detect potential areas of abuse by the members. The limits must be defined sufficiently above or below the peer group averages so that only those members who have deviated most significantly are flagged. Members are not flagged for exception on line items which have not been assigned an exception limit. A limit is established for every selected parameter to detect mis-utilization.

### Sort Sequence

- *Primary* - Member peer group
- *Secondary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
Report Sequence	Report sequence for which data is reported
Report Location	Member's peer group location code and description

<b>Aid Category</b>	Member's peer group aid category code and description
<b>LTC</b>	<b>Y</b> in the field indicates that the peer group is comprised of long term care members
<b>Age</b>	Group code for age assigned to this peer group when the age option is used
<b>Sex</b>	Sex code for this peer group when the sex option is used F = female, M = male and B = both
<b>Race</b>	Race code for this peer group, when the race option is used
<b>Spec Pr</b>	Special program code for this peer group, when the special program option is used
<b>Detail Location</b>	Member's original location code and description
<b>Aid Category</b>	Member's original aid category code and description
<b>LTC</b>	<b>Y</b> in the field indicates the individual currently resides in a nursing home according to the eligibility file
<b>Age</b>	Member's actual age at the time the report is produced
<b>Sex</b>	Member's actual sex code (F = female, M = male, B = both)
<b>Race</b>	Member's original race code, when the race option is used
<b>Spec Pr</b>	Member's original special program code, when the special program option is used
<b>RID</b>	Member's current medical identification number
<b>Name</b>	Member's last name, first name, and middle initial
<b>Case Number</b>	Member's family head of household SSN
<b>Birth</b>	Member's date of birth in MM/DD/CCYY format
<b>Start Date</b>	Date eligibility started for the RID number
<b>Race</b>	Member's race code
<b>Reference Period</b>	Reporting period selected by the user as the period on which the peer group averages are computed.
<b>FYTD Period</b>	Fiscal year-to-date period that defines data included in the FYTD totals at the bottom of the report. Dates displayed in this field begin with the first month of the current fiscal year and end with the last month of data reported. Currently set at July.
<b>Reference Period Peer Grp Count</b>	Total number of members in the peer group who have data in the reference period and whose activity is used to compute the peer group averages
<b>Tot Wgt</b>	Member's total exception weight for all reporting periods. This weight represents a measure of deviation from the expected values for all data elements noted as exceptions.
<b>Period Weight Multiplier</b>	Factor the user selects through the 10 control file with which the computed exception weight is multiplied for each of the reporting periods. This enables the user to effect higher weight on exception items in specific

Minimums for Exception Reporting Billed, 900, Providers, 1, Claims, 6, Services, 6.	reporting periods. Currently <b>0.5, 0.7, 1.0, 1.0, 1.0</b> .  User-selected activity minimums that must be met before a member is considered an exception. A member who does not meet these minimums is not reported on the 350 report. These minimums are used to prevent the generation of 350 reports for members whose low volume of activity does not warrant investigation. Minimum values for number of dollars billed, providers, claims, and services may be established to ensure that low volume members are not considered exceptions. Low volume members receive high exception weight because their averages, percentages, and services are distorted simply because they receive very few services. By setting these minimums at realistic levels, the exception reports produced are more likely to represent valid cases of abuse or mis-utilization. Values set apply to the member's activity during the reference period.
Reporting Period Headers	Month(s) and year(s) for beginning and ending dates for reporting periods 1 through 5
Activity Summary	List of user-defined report elements that apply to the report image in which the member has activity. Exception limits established by the user for each parameter appear immediately following the line item to which it pertains.  Up to 99 line items may be selected according to current needs. Within the member category of service, nine different sets of line items are available. The ninth set is considered the default activity summary and applies to all members in the category of service whose peer specifications are not specified elsewhere.
Line Item Number	Line item number as defined on the 40 control file
Line Item Description	Line item description as defined on the 40 control file
Peer Trend	Measure of the change in totals over the five reporting periods for the peer group.  $\text{Trend} = \frac{100 \times (2P1 + P2 - P4 - 2P5)}{2 \times (P1 + P2 + P3 + P4 + P5)}$ <p>P1 represents the most recent reporting period, P2 represents the next most recent reporting period, and so on. If fewer than five periods are reported, the value of unused periods is zero. Therefore, the result of the trend calculation may not be valid.</p> <p>The Trends field may be suppressed, if the user determines this information is of little value or may be misleading.</p>
Indiv Trends	Measure of the change in totals over the five reporting periods for the individual member.

Reference Period Weight	<p>Mathematical calculation of the degree of deviation from the expected (peer group) values for each line item in the reference period on which the member has exceptional activity.</p> $\text{Weight} = 100 \times \frac{(\text{INDIV VALUE} - \text{PGA})}{\text{PGA}}$ <p>The result of the calculation is multiplied by the appropriate period weight multiplier.</p> <p>Example:</p> <p>Peer group average = 3 Individual's value = 9</p> <p>Period Weight Multiplier = Default value 1.0</p> $\frac{(9 - 3)}{3} = 2 \times 100 = 200 \times 1.0 = 200$
Per Gp Avg	Average value of each data element for the entire peer group in the reference period, based on the information appearing on the Member Peer Group Profile Report.
Line Item Values Periods 1-5	Computed values for individual reporting periods (1-5) for each line item.
Exception Indicator	Flags that appear next to the value of a line item when a member deviates outside the range of acceptable values as established by the user. An exception may occur only on line items for which the user sets limits. <b>H</b> is the resulting value for the member greater than the high limit. <b>L</b> is the resulting value for the member less than the low limit.
Total Exceptions	Total number of exceptions for all reporting periods. Values displayed in the remainder of the line represent the number of exceptions occurring in each reporting period, 1-5.
Total Weight	Accumulated exception weight for all reporting periods. Values displayed in the remainder of the line represent the weight occurring in each reporting period, 1-5.
FYTD Totals (Title XIX and XV111)	
No Svcs	Total number of services submitted for this member for the Title XIX and XVIII payment classes
Amt Billed	Total dollars billed for services received by this member for the Title XIX and XVIII payment classes
Amt Allowed	Total dollars allowed for services received by this member for the Title XIX and XVIII payment classes
Amt Paid	Total dollars paid for services received by this member for the Title XIX and XVIII payment classes
Pct Pd/Bill	Percentage of the amount billed that was paid for services in the Title XIX and XVIII payment classes



REPORT: SUR-3500- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS350B

INDIANAIM

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

## MEMBER SUMMARY PROFILE REPORT (EXCEPTIONS)

REPORT SEQUENCE - A  
 REPORT-LOCATION - L02 - Allen  
 RACE N/A SPEC PR N/A  
 DETAIL-LOCATION - 02 - Allen  
 RACE 2 SPEC PR  
 RID 999999999999 NAME BROWN CHRISTINE  
 START DATE - MM/DD/CCYY RACE 2  
 REFERENCE PERIOD: MMM YY-MMM YY FYTD PERIOD - MMM YY-MMM YY REFERENCE PERIOD PEER GROUP COUNT - 99,999 TOT WGT - 999,999  
 PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9  
 MINIMUMS FOR EXCEPTION REPORTING BILLED 99999 PROVIDERS 99999 CLAIMS 99999 SERVICES 99999

-----ACTIVITY SUMMARY-----		-----TRENDS-----		-REFERENCE PERIOD-		MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
		PEER	INDIV	WEIGHT	PER GP AVG	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
02-Amount Paid		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
03-Percent Paid of Billed		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
04-Number of Claims		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
05-Number of Members		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
06-Avg Amt Billed/Member		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
07-Avg Amt Paid/Member		X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99 X
TOTAL EXCEPTIONS	999,999					99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999					99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
FYTD TOTALS TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED	999.99
TITLE XVIII		9999		999,999.99		999,999.99		999,999.99		999.99



## SUR-3510-Q Member Summary Profile (Total List)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3510-Q	DSIBMU34	Member Summary Profile (Total List)

### Description of Information

The Member Summary Profile (Total List) Report provides a summary profile for all members who met activity minimums during the reference period. This report is identical in content to the Member Exception Summary Profile Report, but because it reports every member who met the minimums, it is normally much larger in volume.

### Purpose

A member's summary profile is used to perform the initial review of the member's utilization. The key to effective use of the summary profile is to have appropriate parameters with line items designed to detect potential areas of abuse by the members. The limits must be defined sufficiently above or below the peer group averages so that only those members who have deviated most significantly are flagged. Members are not flagged for exception on line items which have not been assigned an exception limit. A limit is established for every selected parameter to detect mis-utilization.

### Sort Sequence

- *Primary* - Member peer group
- *Secondary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly, and On Request
IFSSA	CRLD	0	Quarterly, and On Request

### Detailed Field Definitions

The report field descriptions for the Member Summary Profile (Total List) Report are identical to those of the Member Summary Profile (Exceptions) Report. Please refer to the report field descriptions section for Member Summary Profile (Exceptions) Report for this information.

PAGE NUM: 99,999  
RUN DATE: 05/08/99  
RUN TIME: 14:37:56  
PERIOD: MM YY THRU MM YY

SIZE 00150	ORG. TYP	FACILITY TYPE
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-----ACTIVITY SUMMARY-----	-----TRENDS-----		-REFERENCE PERIOD-			MMM YY	MMM YY	MMM YY	MMM YY	MMM YY	
	PEER	INDIV	WEIGHT	PER	GP	AVG	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
02-Amount Paid	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
03-Percent Paid of Billed	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
04-Number of Claims	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
05-Number of Members	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
06-Avg Amt Billed/Member	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X
07-Avg Amt Paid/Member	X999.99	X999.99	99,999	99,999.99			999999.99	999999.99	999999.99	999999.99	999999.99 X

TOTAL EXCEPTIONS	999,999	99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999	99,999,999	99,999,999	99,999,999	99,999,999	99,999,999

FYTD TOTALS	TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED	999.99
	TITLE XVIII		9999		999,999.99		999,999.99		999,999.99		999.99

## SUR-3520-Q Selected Member Summary Profile

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3520-Q	DSIBMU34	Selected Member Summary Profile

### Description of Information

The Selected Member Summary Profile Report offers the option of selecting members for whom a summary profile is produced, regardless of whether or not the member had exceptions. The activity minimums are not applied to selected members. The format of this report is exactly like that of the Member Exception Summary Profile Report.

### Purpose

A Selected Member Summary Profile Report may be requested to ensure that a Profile is produced for members who are targeted for review from sources other than the Exception Ranking Report.

### Sort Sequence

- *Primary* - Member peer group
- *Secondary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly, and On Request
IFSSA	CRLD	0	Quarterly, and On Request

### Detailed Field Definitions

The report field descriptions for the Selected Member Summary Profile Report are identical to those of the Member Summary Profile (Exceptions) Report. Please refer to the report field descriptions section for Member Exception Summary Profile Report for this information.

REPORT: SUR-3520- Q

INDIANAIM

PAGE NUM: 99,999

PROCESS: DSIBMU34

RUN DATE: 05/08/99

LOCATION: HUGS352B

SELECTED MEMBER SUMMARY PROFILE REPORT

RUN TIME: 14:37:56

REPORT SEQUENCE - A

PERIOD: MM YY THRU MM YY

REPORT-LOCATION - L45 - Lake

AID CATEGORY - AGED - AGED MEMBERS

LTC - N/A AGE 999 SEX XXX

RACE N/A SPEC PR N/A

DETAIL-LOCATION - 45 - Lake

AID CATEGORY - A - AGED MEDICAID

LTC N AGE 999 SEX XXX

RACE 2 SPEC PR

RID 99999999999 NAME BROWN

CHRISTINE

CASE NUMBER 9999999999 DOB - MM/DD/CCYY

START DATE - MM/DD/CCYY RACE 2

REFERENCE PERIOD: MMM YY-MMM YY

FYTD PERIOD - MMM YY-MMM YY

REFERENCE PERIOD PEER GROUP COUNT -

99,999

TOT WGT - 999,999

PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

MINIMUMS FOR EXCEPTION REPORTING

BILLED 99999

PROVIDERS

99999

CLAIMS

99999

SERVICES

99999

-----ACTIVITY SUMMARY-----

-----TRENDS-----

-REFERENCE PERIOD-

MMM YY

MMM YY

MMM YY

MMM YY

MMM YY

PEER

INDIV

WEIGHT

PER GP AVG

MMM YY

MMM YY

MMM YY

MMM YY

MMM YY

01-Amount Billed

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

02-Amount Paid

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

03-Percent Paid of Billed

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

04-Number of Claims

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

05-Number of Members

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

06-Avg Amt Billed/Member

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

07-Avg Amt Paid/Member

X999.99

X999.99

99,999

99,999.99

999999.99

999999.99

999999.99

999999.99

999999.99

X

TOTAL EXCEPTIONS

999,999

99,999

99,999

99,999

99,999

99,999

TOTAL WEIGHT

999,999

99,999,999

99,999,999

99,999,999

99,999,999

99,999,999

FYTD TOTALS TITLE XIX

NO SVCS

9999

AMT BILLED

999,999.99

AMT ALLOWED

999,999.99

AMT PAID

999,999.99

PCT PAID/BILLED

999.99

TITLE XVIII

9999

999,999.99

999,999.99

999,999.99

999.99

## SUR-3540-Q Member Exception De-selection Report

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3540-Q	DSIBMU34	Member Exception De-selection Report

### Description of Information

The Member Summary De-selection Listing Report is produced when the user creates a list of members to eliminate from exception processing. If a member is deselected, that member's activity is included in the peer group summaries (355) and a summary profile (351) is produced. However, these members are not eligible for the exception profiles (350) or the summary exception rank report (360). The deselected member, deselect date, and comments are input by the user into the Provider/Member De-selection Input window.

### Purpose

The Member Summary De-selection Listing Report provides a reference of members not included in exception processing.

### Sort Sequence

- *Primary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Quarterly
IFSSA	Paper	1	Quarterly

### Detailed Field Definitions

Period	Time frame reflected by the data on the report
RID	Deselected member's number (user entered on the De-selection File)
Review Date	User-specified date, for informational purposes only, usually identifying the date of previous review. In Indiana, members are deselected for one year following a review of their utilization, then are removed from the de-selection listing to allow exception processing rank reporting if aberrant utilization patterns exists. Restricted members are also deselected for the period of restriction.
Review Status & Comments	Brief reason the member is deselected, such as current program restriction, on review or managed care monitored (user entered on the De-selection File)
Total Members Deselected	Total number of members who are on the de-selection file

REPORT: SUR-3540- Q  
PROCESS: DSIBMU34  
LOCATION: HUGS354B

INDIANAIM  
MEMBER SUMMARY DESELECTION LISTING REPORT

PAGE NUM: 99,999  
RUN DATE: 05/08/99  
RUN TIME: 14:37:56  
PERIOD: MM YY THRU MM YY

RID	REVIEW DATE	REVIEW STATUS AND COMMENTS
999999999999	MMDDCCYY	XX
999999999999	MMDDCCYY	XX
999999999999	MMDDCCYY	XX
999999999999	MMDDCCYY	XX
999999999999	MMDDCCYY	XX
TOTAL MEMBER DESELECTED 9,999		



## SUR-3550-Q Member Peer Group Summary Profile

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3550-Q	DSIBMU34	Member Peer Group Summary Profile

### Description of Information

The Member Peer Group Summary Profile Report is a statistical summary by peer group for all user-defined parameters. From the data accumulated on the report, peer group averages are calculated and trends are computed and compared to the individual's activity.

### Purpose

The Member Peer Group Summary Profile Report may be used to assess the cost and type of medical care received by each member peer group to measure the effectiveness of, or the need for, major program changes, or to analyze the medical activity of selected member aid categories and peer classifications.

### Sort Sequence

- *Primary* - Report sequence
- *Secondary* - Peer group

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Report Sequence	Report sequence code
Period	Time frame reflected by the data on the report
Report Location	Peer group location code and description
Aid Category	Peer group aid category code and description
LTC	Y in the field indicates that the peer group is comprised of long term care members
Age	Group code for age assigned to this peer group, when the age option is used
Sex	Sex code for this peer group, when the sex option is used: F = female, M = male and B = both
Race	Race code for this peer group, when the race option is used

Spec Pr	Special program code for this peer group, when the special program option is used
Reference Period	Reporting period selected by the user as the period on which peer group averages are computed for comparison to the member's activity for determination of exceptions. P1 is the most recent period. Currently set at <b>2</b>
FYTD Period	Fiscal year-to-date period that defines data included in the FYTD totals at the bottom of the report. User determines the month used for the fiscal year-to-date accumulations. Dates displayed in this field begin with the first month of the fiscal year and end with the last month of data reported. Currently <b>July</b>
Ref Period Peer Grp Count	Total number of members in the peer group who have data in the reference period, and whose activity is used to compute the peer group averages.
Reporting Period Headers	Month(s) and year(s) for beginning and ending dates for reporting periods 1 through 5.
Activity Summary	<p>List of user-defined report elements that apply to the report image in which the member has activity. Exception limits established by the user for each parameter appear immediately following the line item to which it pertains.</p> <p>Up to 99 line items may be selected according to current needs. Within the member category of service, nine different sets of line items are available. The ninth set is considered the default activity summary and applies to all members in the category of service whose peer specifications are not specified elsewhere.</p>
Line Item Number	Line item number as defined on the 40 control file
Line Item Description	Line item description as defined on the 40 control file
Trend	<p>Measure of the change in totals over the five reporting periods for the peer group.</p> $\text{Trend} = \frac{100 \times (2P1 + P2 - P4 - 2P5)}{2 \times (P1 + P2 + P3 + P4 + P5)}$ <p>P1 represents the most recent reporting period, P2 represents the next most recent reporting period, and so on. If fewer than five periods are reported, the value of unused periods is zero. Therefore, the result of the trend calculation may not be valid.</p> <p>The Trends field may be suppressed, if the user determines this information is of little value or may be misleading.</p>
Line Item Values Periods 1-5	Computed values for individual reporting periods (1-5) for each line item
FYTD Totals (Title XIX and XVIII):	
Svcs	Total number of services received by this peer group for the Title XIX and XVIII payment classes
Billed	Total dollars billed for services received by this peer group for the Title XIX and XVIII payment classes
Allowed	Total dollars allowed for services received by this peer group for the Title XIX and XVIII payment classes
Paid	Total dollars paid for services received by this peer group for the Title XIX and XVIII payment classes

**Pct/Pd/Bill**

Percentage of the amount billed that was paid for services in the Title XIX and XVIII payment classes

## Section 21: SUR Reports

## Master Report Definitions

REPORT: SUR-3550- Q  
 PROCESS: DSIBMU31  
 LOCATION: HUGS355B

INDIANAIM  
 MEMBER PEER GROUP SUMMARY PROFILE REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

REPORT SEQUENCE - A

PERIOD: MM YY THRU MM YY

REPORT-LOCATION - L10 - Allen

AID CATEGORY - AGED - AGED MEMBERS

LTC - N/A AGE 999 SEX XXX

RACE N/A SPEC PR N/A

REFERENCE PERIOD	MMM YY-MMM YY	FYTD PERIOD -	MMM YY-MMM YY	REFERENCE PERIOD	PEER GROUP COUNT -	99,999
		MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
-----ACTIVITY SUMMARY-----	TREND	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
NUMBER OF PROVIDERS REPORTING		9,999.99	9,999.99	9,999.99	9,999.99	9,999.99
NUMBER OF DIFFERENT PATIENTS		9,999.99	9,999.99	9,999.99	9,999.99	9,999.99
01-Amount Billed	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
02-Amount Paid	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
03-Percent Paid of Billed	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
04-Number of Claims	- 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
05-Number of Members	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
06-Avg Amt Billed/Member	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
07-Avg Amt Paid/Member	+ 999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99	9,999,999.99
FYTD TOTALS TITLE XIX	SVCS 9999	BILLED 999,999.99	ALLOWED 999,999.99	PAID 999,999.99	PCT/PAID/BILLED 999.99	
TITLE XVIII	9999	999,999.99	999,999.99	999,999.99	999.99	

## SUR-3560-Q Member Summary Profile Exceptions Statistics

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3560-Q	DSIBMU34	Member Summary Profile Exceptions Statistics

### Description of Information

This report displays the statistical information related to each line item on the summary profiles. Two report pages of information are produced for each peer group.

### Purpose

Using the data from the Member Summary Profile Exceptions Statistics Report, the user may analyze each line item for effectiveness and determine if the exception limits are too high or too low. The user may determine the appropriateness of line items and exception limits by analyzing the number and percent of exception members for each line.

Ideally, only the top 5percent of members in a peer group except on a line. This percentage may vary depending on the size of the peer group, the nature of the line item, and several other factors. Before the exception limits on any line are adjusted, appraise all peer group averages reported in the reporting image, the standard deviations of each, the number of members in each, and the intended use of the information from the line item.

If a certain line item consistently has no exceptions across all peer groups, evaluate the need for the line item, and replace it with one more likely to reveal aberrant activity.

### Sort Sequence

- *Primary* - Report sequence
- *Secondary* - Peer group

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Report Sequence	Report sequence code
Period	Time frame reflected by the data on the report

Location	Peer group locality code and description
Aid Category	Peer group aid category code and description
LTC	Y in the field indicates that the peer group is comprised of long term care members
Age	Group code for age assigned to this peer group when the age option is used
Sex	Sex code for this peer group when the sex option is used F = female, M = male and B = both
Race	Race code for this peer group when the race option is used
Spec Pr	Special program code for this peer group, when the special program option is used
Reference Period	Reporting period selected by the user as the period during which peer group averages are computed for comparison to the member's activity for determination of exceptions. P1 is the most recent period. Currently set at 2.
Ref Period Peer Grp Count	Total number of members in the peer group who have data in the reference period, and whose activity is used to compute the peer group averages
Exception Counts for Period Ending Period Dates, 1-5	Ending date of the summary reporting periods 1-5
Activity Summary	List of user-defined report elements that apply to the report image reported
Line Item Number	Line item number as defined on the 40 control file
Line Item Description	Line item description as defined on the 40 control file
Reference Period Average	Peer group average for each line item, based on the reference period activity
Reference Period Low Limit	Value of the low limit established by the user. If the limit is a percentage or standard deviation variance, the minimum allowable calculated from the peer group average appears in this field.
Reference Period High Limit	Value of the high limit established by the user. If the limit is a percentage or standard deviation variance, the maximum allowable value calculated from the peer group average appears in this field.
Lo Exception Count	Total number of low exceptions during each period
Hi Exception Count	Total number of high exceptions during each period
Reference Period:	
Average	Average value for the peer group for the line item
Std Dev	Value of one standard deviation for the peer group. Asterisks indicate there is not more than one member with activity for the line.
Max Value	Highest value that occurred for any individual in the peer group during the reference period
Exceptions % of Per Gp	Percent of members in the peer group who excepted on the line during the reference period

<b>All Periods-Total Exceptions</b>	Total number of exceptions for the line during period reported
-------------------------------------	--

REPORT: SUR-3560- Q  
 PROCESS: DSIBMU34  
 LOCATION: HUGS356B

INDIANAIM

## MEMBER SUMMARY PROFILE EXCEPTIONS STATISTICS REPORT

PAGE NUM: 99,999  
 RUN DATE: 05/08/99  
 RUN TIME: 14:37:56

REPORT SEQUENCE - A  
 REPORT-LOCATION - L10 - Allen  
 RACE N/A SPEC PR N/A

AID CATEGORY - AGED - AGED MEMBERS

LTC - N/A

PERIOD: MM YY THRU MM YY  
 AGE 999 SEX XXX

REFERENCE PERIOD	MMM YY-MMM YY	REFERENCE PERIOD PEER GROUP COUNT - 99,999			
-----REFERENCE PERIOD-----		-----EXCEPTION COUNTS FOR PERIOD ENDING-----			
-----ACTIVITY SUMMARY-----		-----TOTAL-----			
NUMBER OF MEMBERS REPORTING	---AVERAGE---	---LOW---	---HIGH---	---MAX VALUE---	---EXCEPTIONS---
	LIMIT	LIMIT	LO	HI	LO
01-Amount Billed	9999.99	+9999.99	9999.99	99 99	99 99
02-Amount Paid	9999.99	+9999.99	9999.99	99 99	99 99
03-Percent Paid of Billed	9999.99	+9999.99	9999.99	99 99	99 99
04-Number of Claims	9999.99	+9999.99	9999.99	99 99	99 99
05-Number of Members	9999.99	+9999.99	9999.99	99 99	99 99
-----REFERENCE PERIOD-----					
99 XXXXXXXXXXXXXXXXXXXXXXXXXXXX	9999999.99	999999999.99	999999999.99	999999999.99	999999999



## SUR-3570-Q Member Summary Profile (Forced) Exception

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3570-Q	DSIBMU34	Member Summary Profile (Forced) Exception

### Description of Information

The Member Summary Profile (Forced) Exception Report provides the user with a report that is identical in format to the Member Summary Profile (350) report. It contains a summary profile for any member who has excepted on a line item that the user designates as a forced exception line item. The exception limit must be defined carefully in the 40 Control File in order to produce the report on only the most deviant members; otherwise, the volume of paper produced could be unmanageable.

### Purpose

The Member Summary Profile (Forced) Exception Report supports areas of special study.

### Sort Sequence

- *Primary* - Member peer group
- *Secondary* - Member number

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly, and On Request
IFSSA	CRLD	0	Quarterly, and On Request

### Detailed Field Definitions

The report field descriptions for the Member Summary Profile (Forced) Exception Report are identical to those of the Member Summary Profile (Exception) Report. Please refer to the report field descriptions section for Member Summary Profile (Exception) Report for this information.

REPORT: SUR-3570- Q  
PROCESS: DSIBMU34  
LOCATION: HUGS357B  
REPORT SEQUENCE - A  
REPORT-LOCATION - L02 - Allen  
RACE N/A SPEC PR N/A  
DETAIL-LOCATION - 02 - Allen  
RACE 2 SPEC PR  
RID 999999999999 NAME BROWN  
START DATE - MM/DD/CCYY RACE 2  
REFERENCE PERIOD: MMM YY-MMM YY  
PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

INDIANAIM  
MEMBER SUMMARY PROFILE REPORT (FORCED)  
AID CATEGORY - AGED - AGED MEMBERS  
AID CATEGORY - A - AGED MEDICAID

PAGE NUM: 99,999  
RUN DATE: 05/08/99  
RUN TIME: 14:37:56  
PERIOD: MM YY THRU MM YY  
LTC - N/A AGE 999 SEX XXX  
LTC N AGE 999 SEX XXX

CASE NUMBER 9999999999 BIRTH - MM/DD/CCYY

FYTD PERIOD - MMM YY-MMM YY  
REFERENCE PERIOD PEER GROUP COUNT - 99,999  
TOT WGT - 999,999

-----ACTIVITY SUMMARY-----

	PEER	INDIV	WEIGHT	PER	GP	AVG	MMM YY	MMM YY	MMM YY	MMM YY	MMM YY
01-Amount Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
02-Amount Paid	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
03-Percent Paid of Billed	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
04-Number of Claims	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
05-Number of Members	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
06-Avg Amt Billed/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
07-Avg Amt Paid/Member	X999.99	X999.99	99,999	99,999.99	999999.99	999999.99	999999.99	999999.99	999999.99	999999.99	X
TOTAL EXCEPTIONS	999,999						99,999	99,999	99,999	99,999	99,999
TOTAL WEIGHT	999,999						99,999,999	99,999,999	99,999,999	99,999,999	99,999,999
FYTD TOTALS TITLE XIX	NO SVCS	9999	AMT BILLED	999,999.99	AMT ALLOWED	999,999.99	AMT PAID	999,999.99	PCT PAID/BILLED	999.99	
TITLE XVIII		9999		999,999.99		999,999.99		999,999.99		999.99	

## SUR-3600-Q Member Summary Profile Exception Ranking

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-3600-Q	DSIBMU34	Member Summary Profile Exception Ranking

### Description of Information

The Member Summary Profile Exception Ranking Report lists the exception members in descending weight order. The weight is an accumulation of the weight assigned to each exception item the member has on his summary profile.

### Purpose

The Member Summary Profile Exception Ranking Report is the first report used in selecting members for review. The reference period volume totals assist the reviewer in selecting members who are receiving substantial services under the program.

After a member is selected from the ranking report, that member's summary profile is reviewed to determine if further investigation is appropriate.

### Sort Sequence

- *Primary* - Exception weight

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

Category of Service	Category of service code and description
Report Sequence	Report sequence within category of service when the multiple report sequence option is used
Reference Period	Reporting period selected by the user as the period during which peer group averages are computed for comparison to the member's activity for determination of exceptions. P1 is the most recent period. Currently set to 2.
Period Weight Multipliers	Factor selected by the user by which the computed exception weight is multiplied for each corresponding reporting period. This enables the user to effect higher weight on exception items in a selected reporting period such as the reference period, and lower weight in periods where the data may not be as complete because of the claim filing deadline. This factor is a whole number and one decimal place. There are five period weight multipliers.

Reporting Limit	Maximum number of members, ranked as specified by the user. Default value is 1000. Currently set to 500.
Minimums for Exception Reporting Providers, 1, Services, 6, Claims, 6, Charges, 900.	User-selected activity minimums that must be met before a member is considered an exception member. Minimum values for charges, providers, claims, and services may be established by the user to ensure that low volume members are not considered exceptions. Low volume members receive high exception weight because their averages and percentages are distorted simply because they receive very few services. By setting these minimums at realistic levels, the exception reports produced are more likely to represent valid cases of abuse or mis-utilization. Values set apply to the member's activity during the reference period.
Report Aid Category	Aid category code and description
Rank	Relative rank of the member among all members reported. (Rank of 1 is assigned to the member with the highest weight whose activity volume is equal to or greater than the minimums).
Totl Weight	Exception weight from the member's summary profile which determines rank. Members may be ranked by their exception weight from any one of the reporting periods or by total weight of all periods. Weight source is displayed in the report header. <b>Totl</b> means the total weight from all reporting periods is used for ranking. <b>Per 1</b> means the exception weight from the most current reporting period is used.
Tot Exp	Total number of exceptions the member has for all reporting periods
RID	Member's medical identification number
Name	Member's name - last, first, and middle initial
Loc	Member's peer group locality code
Aid	Member's peer group aid category code
L	Member's long term care code
A	Member's age
S	Member's sex
Reference Reporting Period:	
No Svcs	Total number of services received during the reference period, based on either dates of service or date of payment
Billed	Total dollar amount billed for the member during the reference period, based on either dates of service or date of payment
Allowed	Total dollar amount allowed during the reference period, based on either dates of service or date of payment
Paid	Total dollar amount paid for the member during the reference period, based on either dates of service or date of payment
No Prv	Total number of providers from whom the member has received services during the reference period, based on either dates of service or date of payment

No Clm	Total number of claims submitted by the member during the reference period, based on either dates of service or date of payment
SUR-3500 Page No	Page number of the exception profile (350) for this member

REPORT: SUR-3600- Q  
PROCESS: DSIBMU31  
LOCATION: HUGS360B

INDIANAIM

PAGE NUM: 99,999  
RUN DATE: 05/08/99  
RUN TIME: 14:37:56

MEMBER SUMMARY PROFILE EXCEPTION RANKING REPORT

REFERENCE PERIOD: MMM YY-MMM YY      PERIOD WEIGHT MULTIPLIERS: 99.9, 99.9, 99.9, 99.9, 99.9

REPORTING LIMIT - 99999      MINIMUM PROVIDERS - 99999      MINIMUM SERVICES - 99999      MINIMUM CLAIMS - 99999      MINIMUM CHARGES - 99999

REPORT-- AID CATEGORY - AGED MEMBERS

-----REFERENCE REPORTING PERIOD-----															
-----MEMBER-----															
NO. ----- AMOUNTS ----- NO. NO. SUR-350															
RANK	TOTL WEIGHT	TOT EXP	RID	NAME		LOC	AID	L	A	S SVCS	BILLED	ALLOWED	PAID	PRV	CLM PAGE NO
141	19283	8	99999999999999	FORDICE CHARLES		L40	A	Y	99 M	3	99999.99	99999.99	99999.99	9	9 999
142	19283	8	99999999999999	SMITH TIM		L40	A	Y	99 M	3	99999.99	99999.99	99999.99	9	9 999
143	19283	8	99999999999999	JONES BOB		L40	A	Y	99 M	3	99999.99	99999.99	99999.99	9	9 999
144	19283	8	99999999999999	MINOR BRIAN		L40	A	Y	99 M	3	99999.99	99999.99	99999.99	9	9 999
145	19283	8	99999999999999	GULLETTE CHEVERIA		L40	A	Y	99 F	3	99999.99	99999.99	99999.99	9	9 999

## SUR-4300-Q Provider Treatment Analysis (Exceptions)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-4300-Q	DSIBMU40	Provider Treatment Analysis (Exceptions)

### Description of Information

The Provider Treatment Analysis (Exceptions) Report displays an individual exception provider's profile of procedures used in the treatment of specific diagnoses. The provider's utilization of procedures is compared to that of the provider community's performance. This report emphasizes diagnosis treatment patterns rather than volume analysis.

### Purpose

The Provider Treatment Analysis (Exceptions) Report may be used to identify unique aspects of each provider's procedure utilization in relation to medical diagnoses.

### Sort Sequence

- *Primary* - Provider peer group
- *Secondary* - Provider number
- *Tertiary* - Cross-reference diagnosis code

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

#### Probabilities:

#### Required Bounds

Range of criteria probabilities that define a required service. User-defined percentage value that determines required procedures may be changed from that used on the 290 report at the time 430, 431, and 432 reports are generated.

#### Not Required Bounds

Range of criteria probabilities that defines a not required service. User-defined percentage value which determines never procedures may be changed from that used on the 290 report at the time 430, 431, and 432 reports are generated.

#### Utilization is Based on

Identifies the statistical base for the peer group from/to range. Field contains Norms (mean plus and minus **X** number of standard deviations) from 270 or Percentiles as determined on the 271.

Report Locality	Provider's peer group locality code and description
Type	Provider's peer group type code and description
Specialty	Provider's peer group specialty code and description
Detail Locality	Provider's original locality code and description
Type	Detail type code and description
Specialty	Detail specialty code and description
Provider	Provider's medical identification number, name, and address
UR Flag	Not used in Indiana
HBP	Not used in Indiana
Group	Indicates whether or not the provider is a group provider ( <b>G</b> = group provider, <b>I</b> = individual)
Diagnosis	Cross-reference diagnosis code and description
Age	Member age group reported, if the user applies this option
Member Count	Number of members treated by the provider in the diagnosis category reported
Number of Services	Total number of services performed by this provider for the diagnosis
Total Charges	Total value of dollars billed by this provider for treatment of this diagnosis
Procedure Code	Procedure code (detail or cross-reference). Cross-reference codes appear on the first line of the group. Information for the cross-reference code reflects totals for all detail codes in the group.
Rcpt Rec	Number of members who received services for this procedure code from this provider
No Svcs	Total number of services for the procedure code within the diagnosis category performed by this provider.
Criteria:	
Cnd	Indicates what the peer group practice determines to be the requirement level for this service. (Req, Opt, Nev, or Not). Not indicates that at the time the treatment model file is built, the peer group did not have any activity on which to compute a criteria condition.)
Pcnt Proc – Peer	Percent of members in the diagnosis category who received services for the procedure from the peer group
Pcnt Proc – Indiv	Percent of members in the diagnosis category who received this procedure from the provider reported



**Weight**

Weight assigned to the procedure for the provider. Weight is calculated only on the cross-reference code level and only if the provider's utilization is an exception, such as the peer group criteria is required or not required and the provider's practice is outside of the bounds allowed. The formula for calculating criteria weight is as follows:

- If a procedure falls within the required category and there is no member of service in the type service/procedure category for the provider, criteria weight is computed as follows:

Criteria Wt = 10 X Upper Bound Criteria

- If the provider percent for a never procedure is greater than criteria lower bound, criteria weight is calculated as follows:

Crit Wt =  $\frac{(\text{Prov Pct} - \text{CLB}) \times (10 \times \# \text{ Recips})}{\text{Criteria Lower Bound}}$

Example:  $\frac{(17.14 - 10.00) \times (10 \times 6)}{10.00} = 42$

- If the provider percent for a required procedure category is less than criteria upper bound, the criteria weight is calculated as follows:

Crit Wt =  $\frac{(\text{CUB} - \text{Prov Pct}) \times (10 \times \# \text{ Recips})}{\text{Criteria Upper Bound}}$

Example:  $\frac{(90.00 - 57.50) \times (10 \times 31)}{90.00} = 111$

Number of members used in these computations is the total for the cross-reference value because criteria weight is

assigned only for the procedure category and not for the detail codes. Criteria weights are rounded off.

No criteria weight is assigned to optional procedures regardless of a provider's utilization because of the peer group determining it as a procedure that may or may not occur.

**Utilization:****Peer Norm Range Low/High**

These figures define the acceptable limits of norms for this service. The figures are based on services per 100 members in the diagnosis category.

**Indiv**

Provider's utilization ratio of number of services per 100 members for this procedure.

Weight	<p>Weight assigned to this provider for deviation outside of the high/low range of norms. Utilization weight is rounded. The formula for utilization weight is as follows:</p> <ul style="list-style-type: none"> <li>• If the peer group norms are zero:  <math display="block">\text{Utilization Wt} = \frac{\text{Prov Ratio} \times \# \text{ Svcs}}{100}</math> <p><i>Example:</i> <math>\frac{51.43 \times 18}{100} = 9</math></p> </li> <li>• If the provider exceeds the peer group high norm:  <math display="block">\text{Utilization Weight} = \frac{(\text{Prov Ratio} - \text{High Norm}) \times (10 \times \# \text{ Svcs})}{\text{High Norm}}</math> <p><i>Example:</i> <math>\frac{(50.00 - 16.10) \times (10 \times 12)}{16.10} = 253</math></p> </li> <li>• If the provider's ratio is less than the low norm:  <math display="block">\text{Utilization Weight} = \frac{(\text{Low Norm} - \text{Prov Ratio}) \times (10 \times \text{Num Svcs})}{\text{Low Norm}}</math> </li> <li>• If the provider ratio is less than or equal to the norm:  <math display="block">\text{Utilization Wt} = 0</math> </li> </ul>
Avg Svc Peer	Average number of services per member provided by the peer group. This number is computed on the 270 report.
Avg Svc Indiv	Average number of services per member performed by this provider.
Charges:	
Avg/Proc Peer	Average amount billed per service by the peer group for the procedure. This figure is computed on the SUR-0270-Q report.
Avg/Proc Indiv	Average amount billed per service for the procedure by the provider
Total	Total amount billed by this provider for the procedure in treatment of this diagnosis category
(Proc Description)	Description of the procedure codes reported by this provider during the reporting period
Totals:	
Members	Total number of members reported for this provider
Xrf Diagnoses	Total number of cross-reference diagnoses reported for this provider
Xrf Procedures	Total number of cross-reference procedures reported for this provider
Services	Total number of services billed by this provider
Charges	Total amount billed by this provider
Weights:	
Diagnosis - Criteria	Total criteria weight assigned to this provider

<b>Utilization</b>	Total utilization weight assigned to this provider
<b>Total</b>	Total of both utilization and criteria weights for this provider

PROBABILITIES --- REQUIRED BOUNDS - 90.00-100.00 NOT REQUIRED BOUNDS - 0.00-10.00										UTILIZATION IS BASED ON NORMS																			
REPORT-LOCALITY - 00S - Out of State										TYPE - T31 - Physician										SPECIALTY - S315 - EMERGENCY MEDICINE									
DETAIL-LOCALITY - 94 - IFSSA (Border city)										TYPE - 031 - Physician										SPECIALTY - 315 - EMERGENCY MEDICINE PRACT									
PROVIDER - 999999999 NAIL & SMITH PSC										4010 DUPONT #345 LOUISVILLE										IN 23482 UR FLAG HBP N GROUP N									
DIAGNOSIS - XV000 - MEDICAL AND SPECIAL EXAMS*****																													

PROCEDURE CODE	RCPT RECV	NO SVCS	-----CRITERIA-----				-----UTILIZATION-----				-----CHARGES-----				
			CND	PPCNT PEER	PROC-- INDIV	WEIGHT	PEER LOW	NORM HIGH	RANGE- INDIV	WEIGHT	---AVG PEER	SVC--- INDIV	--AVG/PROC---		TOTAL
X1080	2	43	NOT	0.00	100.00	180	0.00	0.00	2150.00	925	0.00	21.50	0.00	6.49	279.00
ALLERGY / SPEC DIAGNOSES PROC *****															
95115	0	3		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	14.00
PROF. SER FOR ALL. IMM NOT INCLUDING PROVISION OF ALLE															
95165	0	41		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	265.00
**TOTALS**	MEMBERS -	1	XRF	DIAGMOSES		- 1	XRF	PROCEDURES -		1	SERVICES -	1	CHARGES -		265.00
WEIGHTS---DIAGNOSIS - CRITERIA - 0 UTILIZATION - 1 TOTAL - 1															

## SUR-4310-Q Provider Treatment Analysis (Total List)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-4310-Q	DSIBMU40	Provider Treatment Analysis (Total List)

### Description of Information

The Provider Treatment Analysis (Total List) Report displays every individual provider's profile of procedures used in the treatment of specific diagnoses. The provider's utilization of procedures is compared to that of the provider community's performance. This report emphasizes diagnosis treatment patterns rather than volume analysis and identifies unique aspects of each provider's procedure utilization in relation to medical diagnoses.

### Purpose

The Provider Treatment Analysis (Total List) Report may be used to identify unique aspects of any provider's procedure vs. diagnosis utilization, regardless of exceptional activity.

### Sort Sequence

- *Primary* - Provider peer group
- *Secondary* - Provider number
- *Tertiary* - Cross-reference diagnosis code

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

The report field descriptions for the Provider Treatment Analysis (Total List) Report are identical to those of the Provider Treatment Analysis (Exceptions) Report. Please refer to the report field description section for Provider Treatment Analysis (Exceptions) Report for this information.

REPORT: SUR-4310- Q  
 PROCESS: DSIBMU40  
 LOCATION: HUGP430B

INDIANA AIM  
 PERIOD: MM/YY THRU MM/YY  
 PROVIDER TREATMENT ANALYSIS REPORT (TOTAL LIST)

PAGE 1  
 RUN DATE: 09/29/00  
 RUN TIME: 23:26:57

PROBABILITIES --- REQUIRED BOUNDS - 90.00-100.00 NOT REQUIRED BOUNDS - 0.00-10.00

UTILIZATION IS BASED ON NORMS

REPORT-LOCALITY - 00S - Out of State TYPE - T31 - Physician

SPECIALTY - S315 - EMERGENCY MEDICINE

DETAIL-LOCALITY - 94 - IFSSA (Border city) TYPE - 031 - Physician

SPECIALTY - 315 - EMERGENCY MEDICINE PRACT

PROVIDER - 999999999 NAIL & SMITH PSC 4010 DUPONT #345 LOUISVILLE

IN 23482 UR FLAG HBP N GROUP N

DIAGNOSIS - XV000 - MEDICAL AND SPECIAL EXAMS\*\*\*\*\*

MEMBER COUNT - 9999 NUMBER OF SERVICES - 999,999 TOTAL CHARGES - 9,999,999.99

-----CRITERIA-----										-----UTILIZATION-----		-----CHARGES-----					
PROCEDURE CODE	RCPT RECVD	NO SVCS	CND	--PCNT PROC-- PEER	INDIV	WEIGHT	-PEER NORM RANGE- LOW HIGH		INDIV	WEIGHT	---AVG SVC--- PEER	INDIV	--AVG/PROC-- PEER INDIV		TOTAL		
X1080	2	43	NOT	0.00	100.00	180	0.00	0.00	2150.00	925	0.00	21.50	0.00	6.49	279.00		
ALLERGY / SPEC DIAGNOSES PROC *****																	
95115	0	3		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	14.00		
PROF. SER FOR ALL. IMM NOT INCLUDING PROVISION OF ALLE																	
95165	0	41		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	265.00		
**TOTALS** MEMBERS - 1 XRF DIAGMOSES - 1 XRF PROCEDURES - 1 SERVICES - 1 CHARGES - 265.00																	
WEIGHTS---DIAGNOSIS - CRITERIA - 0 UTILIZATION - 1 TOTAL - 1																	

## SUR-4320-Q Provider Treatment Analysis (Selected)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-4320-Q	DSIBMU40	Provider Treatment Analysis (Selected)

### Description of Information

The Provider Treatment Analysis (Selected) Report displays user-selected provider profiles of procedures used in the treatment of specific diagnoses. The provider's utilization of procedures is compared to that of the provider community's performance. This report emphasizes diagnosis treatment patterns rather than volume analysis and identifies unique aspects of each provider's procedure utilization in relation to medical diagnoses.

### Purpose

The Provider Treatment Analysis (Selected) Report may be used to identify unique aspects of a selected provider's procedure vs. diagnosis utilization, in the same manner as the Exceptions and Total List Reports.

### Sort Sequence

- *Primary* - Provider peer group
- *Secondary* - Provider number
- *Tertiary* - Cross-reference diagnosis code

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly, and On Request
IFSSA	CRLD	0	Quarterly, and On Request

### Detailed Field Definitions

The report field descriptions for the Provider Treatment Analysis (Selected) Report are identical to those of the Provider Treatment Analysis (Exceptions) Report. Please refer to the report field descriptions section for Provider Treatment Analysis (Exceptions) Report for this information.

REPORT: SUR-4320- Q  
 PROCESS: DSIBMU40  
 LOCATION: HUGP430B

INDIANA AIM  
 PERIOD: MM/YY THRU MM/YY  
 SELECTED PROVIDER TREATMENT ANALYSIS REPORT

PAGE 1  
 RUN DATE: 09/29/00  
 RUN TIME: 23:26:57

PROBABILITIES --- REQUIRED BOUNDS - 90.00-100.00 NOT REQUIRED BOUNDS - 0.00-10.00 UTILIZATION IS BASED ON NORMS

REPORT-LOCALITY - IN - INDIANA TYPE - T31 - Physician SPECIALTY - S335 - PEDIATRICIAN

DETAIL-LOCALITY - 49 - Marion TYPE - 031 - Physician SPECIALTY - 335 - PEDIATRICIAN

PROVIDER - 999999999 NAIL & SMITH PSC 4010 DUPONT #345 LOUISVILLE IN 23482 UR FLAG HBP N GROUP N

DIAGNOSIS - XV000 - MEDICAL AND SPECIAL EXAMS\*\*\*\*\*

MEMBER COUNT - 9999 NUMBER OF SERVICES - 999,999 TOTAL CHARGES - 9,999,999.99

PROCEDURE CODE	RCPT REC	NO SVCS	-----CRITERIA-----			-----UTILIZATION-----				-----CHARGES-----					
			--PCNT CND	PROC-- PEER	INDIV INDIV	WEIGHT	PEER LOW	NORM HIGH	RANGE- INDIV	WEIGHT	---AVG PEER	SVC--- INDIV	--AVG/PROC--- PEER	INDIV	TOTAL
X1080	2	43	NOT	0.00	100.00	180	0.00	0.00	2150.00	925	0.00	21.50	0.00	6.49	279.00
ALLERGY / SPEC DIAGNOSES PROC *****															
95115	0	3		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	14.00
PROF. SER FOR ALL. IMM NOT INCLUDING PROVISION OF ALLE															
95165	0	41		0.00	0.00		0.00	0.00	0.00		0.00	0.00	0.00	0.00	265.00
**TOTALS**	MEMBERS -	1	XRF DIAGMOSES	-	1	XRF PROCEDURES -	1	SERVICES -	1	CHARGES -	265.00				
WEIGHTS---DIAGNOSIS - CRITERIA - 0 UTILIZATION - 1 TOTAL - 1															



## SUR-4330-Q Treatment Analysis Exception Ranking (Diagnosis)

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-4330-Q	DSIBMU40	Treatment Analysis Exception Ranking (Diagnosis)

### Description of Information

The Treatment Analysis Exception Ranking (Diagnosis) Report ranks providers, based on exceptions from treatment models or norms (as identified on the Treatment Analysis Reports). The criteria weight, utilization weight, or the total of both weights may be used as the ranking weight. In addition to weight and rank, certain information is shown that indicates the provider's volume of practice as an aid to the reviewer in selecting cases. Minimum levels of activity are established which a provider must reach before ranked on the report. These criteria prevent low-volume providers from ranking artificially high.

### Purpose

The Treatment Analysis Exception Ranking Reports may be used in combination with the Provider Summary Ranking Report to select provider cases for review.

### Sort Sequence

- *Primary* - Weight: One of the three weights
  - utilization
  - criteria
  - total

The report may be produced in up to six different sequences in any quarterly run. The user may specify up to three levels of sort options using any three or less of the following. Different weight fields may be specified for each.

- peer group locality
- peer group type
- peer group specialty
- none selected

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

**Detailed Field Definitions**

Weight Field	Selected weight field for ranking. <b>Total</b> indicates both the criteria and utilization weights used.
Rpt Limit	Maximum number of providers, ranked as defined on the 10 control file
Min Rec	Minimum number of members a provider must treat before that provider is ranked as defined on the 10 control file
Min Svc	Minimum number of services that a provider must perform before that provider is ranked as defined on the 10 control file
Min Diag	Minimum number of cross-reference diagnoses that a provider assigns before that provider is ranked as defined on the 10 control file
Min Proc	Minimum number of different cross-reference type service and procedures a provider must perform before that provider is ranked as defined on the 10 control file
Min Chg	Minimum dollars a provider must bill before that provider is ranked as defined on the 10 control file
Rank	Relative rank of this provider, based on selected weight. Field is always blank when the report is produced in provider number sequence.
Weight	Provider's criteria, utilization, or total weight as selected by the user for ranking
Number	Medical Assistance identification number of the provider
Name	Provider's name
Loc	Provider's cross-reference locality code
Typ	Provider's cross-reference type code
Spc	Provider's cross-reference specialty code
No Rcpt	Number of members treated by this provider
No Diag	Number of different cross-reference diagnosis codes assigned by this provider
No Proc	Number of different cross-reference procedure codes used by this provider
No Svcs	Number of services performed by this provider
Total Charges	Total amount billed for services performed by this provider
Criteria Weight	Total criteria weight for this provider, based on treatment model exceptions identified on 431
Utilization Weight	Total utilization weight for this provider, based on exception from the peer group norms identified on 431
Total Weight	Sum of criteria and utilization weights for this provider

REPORT: SUR-4330-Q  
 PROCESS: DSIBMU40  
 LOCATION: HUGP430B

INDIANAAIM  
 PERIOD: MM/YY THRU MM/YY  
 TREATMENT ANALYSIS EXCEPTION RANKING REPORT (DIAGNOSIS)

PAGE 1  
 RUN DATE: 09/29/00  
 RUN TIME: 23:26:57

WEIGHT FIELD - UTIL RPT LIMIT - 500 MIN REC - 1 MIN SVC - 1 MIN DIAG - 1 MIN PROC - 1 MIN CHRG - 100														
-----PROVIDER-----							NO	NO	NO	NO	TOTAL	-----WEIGHT-----		
RANK	WEIGHT	NUMBER	NAME	LOC	TYP	SPC	RCPT	DIAG	PROC	SVCS	CHARGES	CRIT	UTIL	TOTAL
76	187425	999999999	MEMORIAL CLINIC OF INDIA	IN	T31	S315	67	2	16	2790	4,456	234	324044	324564
77	185678	999999999	MEMORIAL HOSPITAL	IN	T31	S311	7	6	3	3456	11,636	6758	324564	324564
78	434567	999999999	KLEIN	L99	T99	S999	267	10	1	2534	1,400	1111	124455	889564
79	167890	999999999	CLINIC OF INDIANA	IN	T31	S315	4	7	76	1098	2,300	66756	112454	324564
80	178667	999999999	KOCHERT	IN	T31	S315	57	2	78	987	98,000	567	897654	324564



## SUR-4350-Q Provider Treatment Analysis Exception Ranking

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-4350-Q	DSIBMU40	Provider Treatment Analysis Exception Ranking

### Description of Information

The Provider Treatment Analysis Exception Ranking Report ranks providers, based on exception weight assigned to exceptional diagnosis treatment and activity from treatment models or norms. The criteria weight, utilization weight, or total of both weights may be used as the ranking weight. In addition to his weight and rank, information is displayed which indicates the provider's volume of practice as an aid in selecting cases. Minimum levels of activity are established that a provider must reach before ranking on the report. This prevents low-volume providers from artificially reporting.

### Purpose

This report is produced in provider number sequence and provides a cross-reference to the Treatment Analysis Exception (Diagnosis) Ranking report.

### Sort Sequence

- *Primary* - Provider number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly
IFSSA	CRLD	0	Quarterly

### Detailed Field Definitions

The report field descriptions for the Provider Treatment Analysis Exception Ranking Report are identical to those of the Treatment Analysis Exception Ranking (Diagnosis) Report. Please refer to the report field description section for Treatment Analysis Exception Ranking (Diagnosis) Report for this information.

REPORT: SUR-4350-Q  
 PROCESS: DSIBMU40  
 LOCATION: HUGP430B

INDIANA AIM  
 PERIOD: MM/YY THRU MM/YY  
 PROVIDER TREATMENT ANALYSIS EXCEPTION REPORT

PAGE 1  
 RUN DATE: 09/29/00  
 RUN TIME: 23:26:57

WEIGHT FIELD - UTIL RPT LIMIT - 500 MIN REC - 1 MIN SVC - 1 MIN DIAG - 1 MIN PROC - 1 MIN CHRG - 100															
NUMBER	-----PROVIDER----- NAME	LOC	TYP	SPC	RANK	WEIGHT	NO RCPT	NO DIAG	NO PROC	NO SVCS	TOTAL CHARGES	-----WEIGHT----- CRIT UTIL TOTAL			
999999999	MEMORIAL CLINIC OF INDIA	IN	T31	S315	276	187425	62	12	10	790	44,456	234	324044	324564	
999999999	MEMORIAL HOSPITAL	IN	T31	S311	45	187425	7	34	6	90	5,673	1222	124455	889564	
999999999	KLEIN	IN	L99	T99	S999	187425	34	56	4	1234	9,234	9283	124455	889564	
999999999	CLINIC OF INDIANA	IN	T31	S315	345	187425	56	89	7	3845	78,345	2345	324044	324564	
999999999	KOCHERT	IN	T31	S315	987	187425	78	345	11	2556	12,345	208	897654	324564	

## SUR-9500-A Procedure Code Distribution and Statistical Analysis

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-9500-A	SRGJQ950	Procedure Code Distribution and Statistical Analysis

### Description of Information

The Procedure Code Distribution and Statistical Analysis Report provides a volume analysis of code usage within a defined population (peer group or statewide).

*User options appear in **bold print***

### User Options

Reporting Period	Time frame reflected by the data on the report
Locality	May be set to <b>all</b> for a statewide total, cross-reference values, or original values
Specialty	May be set to <b>all</b> for statewide total, cross-reference values, or original values
Type	May be set to <b>all</b> for statewide total, cross-reference values, or original values
Diagnosis	May be set to <b>all</b> for statewide total, cross-reference values, or original values
Procedure	Cross-reference values or original values may be used
COS	May be sorted by category of service, or reported for all categories combined
Place of service	May be sorted by place of service, or reported for all places of service

### Purpose

The Procedure Code Distribution and Statistical Analysis Report may be used to establish review priorities for Summary Profile line items and procedure cross-reference values for the Treatment Analysis Subsystem. Annual and quarterly reviews may be performed using this report to monitor the changing treatment patterns of the medical community within the state or within a provider peer group.

### Sort Sequence

- *Primary* - Peer group or statewide
- *Secondary* - Any of the following sequence criteria:
  - Procedure \*

- Number of services/occurrences\*
- Amount allowed
- Amount billed
- Amount paid\*
- Average services

*\*An asterisk identifies sorts currently produced.*

## Distribution

To	Media	Copies	Frequency
EDS	Microfiche	1	Quarterly and Annually
IFSSA	Microfiche	1	Quarterly and Annually

## Detailed Field Definitions

Period	Time frame reflected on the report
COS	Category of service, if requested
POS	Place of service, if requested
LOC Code	Locality code and description
TYP	Provider type code and description
SPC	Specialty code and description
Diagnosis	Diagnosis code and description
Report Sequence	Procedure
	Number of services
	Amount allowed
	Amount billed
	Amount paid
	Average Amount
Proc Code	Procedure code
Description	Narrative description of the procedure code
Mean AI/Svc	Total amount allowed divided by the number of services
Std Dev	Variance of individual procedure code amount above or below the mean
M+1SD	Mean plus one standard deviation
M+2SD	Mean plus two standard deviations



Services/Number and Pcnt	Number of services for each procedure code and the number of services as a percent of total services
Billed/Amount and Pcnt	Total dollar amount billed for each procedure code and the percent of total billed
Allowed/Amount and Pcnt	Total dollar amount allowed for each procedure code and the percent of total allowed
Paid/Amount and Pcnt	Total dollar amount paid for each procedure and the percent of total paid
Subtotal	Subtotal information is displayed for each of the optional sequence criteria selected for reporting in the Options Control File
Services/Number and Pcnt	Total number of services for all procedure codes and the number of services as a percent of total services for the sort sequence
Billed/Amount and Pcnt	Total dollar amount billed for all procedure codes and the percent of total billed for the sort sequence.
Allowed/Amount and Pcnt	Total dollar amount allowed for all procedure codes and the percent of total allowed for the sort sequence.
Paid/Amount and Pcnt	Total dollar amount paid for all procedures and the percent of total paid for the sort sequence.
Grand Totals:	
Number Services	Total number of services for the entire report, including all sort sequences
Billed Amount	Total dollar amount billed for the entire report, including all sort sequences
Allowed Amount	Total dollar amount allowed for the entire report, including all sort sequences
Paid Amount	Total dollar amount paid for the entire report, including all sort sequences

REPORT: SUR-9500-A  
PROCESS: SRGJQ950  
LOCATION: SRGP9502

INDIANA AIM

PAGE 99,999

RUN DATE: MM/DD/CCYY

PROCEDURE CODE DISTRIBUTION AND STATISTICAL ANALYSIS REPORT

PROGRAM: MEDICAID

PERIOD: MM/CCYY THRU MM/CCYY

COS    99                    LOC    XXXX

TYP XXXX

SPC      XXXX

POS 99 XXXXXXXXXXXXXXXXXXXX DIAGNOSIS XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

REPORT SEQUENCE - : XXXXXXXXXXXXXXXXXXXXXXXX

TS/PROC	CODE	-----DESCRIPTION-----
---------	------	-----------------------

-MEAN-  
PD / SVC

-STD DEV-

-M+1SD-

-M+2SD-

```
--SERVICES--
NUMBER    PCNT
```

---BILLED---

AMOUNT	PCNT
--------	------

---ALLOWED---

AMOUNT	PCNT
--------	------

-----PAID-----  
AMOUNT PCNT

[illegible]

99.99	999.99	999.99	999.99	99,999	99.99	999,999.99	99.99	999,999.99	99.99	999,999.99	99.99
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\*\*\*\*\*

[illegible]

NUM	TS/PROC	CODES	999,999	999,999,999	999.99	999,999,999.99	999.99	999,999,999.99	999.99	999,999,999.99	999.99
-----	---------	-------	---------	-------------	--------	----------------	--------	----------------	--------	----------------	--------

SUBTOTAL	LOC-ALL	TYP-ALL	SPC-ALL
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NUM	DIAG	CODES	999,999	999,999,999	999.99	999,999,999.99	999.99	999,999,999.99	999.99	999,999,999.99	999.99
-----	------	-------	---------	-------------	--------	----------------	--------	----------------	--------	----------------	--------

SUBTOTAL	COS 99	999,999	999,999,999	999,999,999.99	999,999,999.99	999,999,999.99
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\*\*\*\*\* GRAND TOTALS \*\*\*\*\*

999,999,999	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
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## SUR-9510-A Diagnosis Code Distribution and Statistical Analysis

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-9510-A	SRGJQ950	Diagnosis Code Distribution and Statistical Analysis

### Description of Information

The Diagnosis Code Distribution and Statistical Analysis Report provides a volume analysis of code usage within a defined population (peer group or statewide).

*User options appear in **bold**.*

### User Options

Reporting Period	Any time frame within 36 months of the available data base
Locality	May be set to <b>All</b> for a statewide total, cross-reference values, or original values
Specialty	May be set to <b>All</b> for statewide total, cross-reference values, or original values
Type	May be set to <b>All</b> for statewide total, cross-reference values, or original values
Diagnosis	Cross-reference values or original values may be used

### Purpose

The diagnosis ranking provided by the Diagnosis Code Distribution and Statistical Analysis Report may be used as the prime target for treatment analysis. Disease occurrences within the peer groups, or statewide, may be monitored and analyzed for effective utilization review and program management.

### Sort Sequence

- *Primary* - Peer group or statewide
- *Secondary* - Any of the following sequence criteria:
  - Diagnosis \*
  - Number of services/occurrences \*
  - Amount allowed
  - Amount billed
  - Amount paid \*
  - Average services

*\* An asterisk identifies sorts currently produced.*

**Distribution**

To	Media	Copies	Frequency
EDS	Microfiche	0	Quarterly and Annually
IFSSA	Microfiche	0	Quarterly and Annually

**Detailed Field Definitions**

Period	Time frame reflected on the report
COS	Category of service, if requested
POS	Place of service, if requested
Locality Code	Locality code and description
TYP	Provider type code and description
SPC	Specialty code and description
Report Sequence	Diagnosis
	Number of services
	Amount allowed
	Amount billed
	Amount paid
	Average Amount
Diagnosis	Diagnosis code
Description	Narrative description of the diagnosis code
Num Proc	Number of different procedure codes reported for the diagnosis
Services/Number and Pcnt	Number of services for each diagnosis code and the number of services as a percent of total services
Billed/Amount and Pcnt	Total dollar amount billed for each diagnosis code and the percent of total billed
Allowed/Amount and Pcnt	Total dollar amount allowed for each diagnosis code and the percent of total allowed
Paid/Amount and Pcnt	Total dollar amount paid for each diagnosis and the percent of total paid
Mean Al/Svc	Average dollars allowed per service for each diagnosis
Num Diag Codes	Total number of diagnosis codes for the sort sequence.
Services/Number and Pcnt	Total number of services for all diagnosis codes and the number of services as a percent of total services for the sort sequence.
Billed/Amount and Pcnt	Total dollar amount billed for all diagnosis codes and the percent of total billed for the sort sequence.

<b>Allowed/Amount and Pcnt</b>	Total dollar amount allowed for all diagnosis codes and the percent of total allowed for the sort sequence.
<b>Paid/Amount and Pcnt</b>	Total dollar amount paid for all diagnoses and the percent of total paid for the sort sequence.
<b>Grand Totals</b>	
<b>Number Services</b>	Total number of services for the entire report, including all sort sequences
<b>Number of Devices Denied</b>	Total number of services denied for the entire report, including all sort sequences
<b>Billed</b>	Total dollar amount billed for the entire report, including all sort sequences
<b>Allowed</b>	Total dollar amount allowed for the entire report, including all sort sequences
<b>Paid</b>	Total dollar amount paid for the entire report, including all sort sequences
<b>Denied</b>	Total dollar amount denied for the entire report, including all sort sequences

REPORT: SUR-9510- A

INDIANA AIM

PAGE 99,999

PROCESS: SRGJQ950

RUN DATE: MM/DD/CCYY

LOCATION: SRGP9512

## PROCEDURE CODE DISTRIBUTION AND STATISTICAL ANALYSIS REPORT

PROGRAM: MEDICAID

PERIOD: MM/CCYY THRU MM/CCYY

COS 99

LOCALITY XXXX

TYP

XXXX

SPC

XXXX

REPORT SEQUENCE - XXXXXXXXXXXXXXXX

DIAGNOSIS -----DESCRIPTION-----

		--NUM-- PROC	--SERVICES-- NUMBER PCNT	---	BILLED---	---	ALLOWED---	---	PAID---	---	MEAN-- AL/SVC
					AMOUNT PCNT		AMOUNT PCNT		AMOUNT PCNT		
XXXXXX	XX	99999	99,999 99.99		999,999.99 99.99		999,999.99 99.99		999,999.99 99.99		99.99
XXXXXX	XX	99999	99,999 99.99		999,999.99 99.99		999,999.99 99.99		999,999.99 99.99		99.99
XXXXXX	XX	99999	99,999 99.99		999,999.99 99.99		999,999.99 99.99		999,999.99 99.99		99.99
XXXXXX	XX	99999	99,999 99.99		999,999.99 99.99		999,999.99 99.99		999,999.99 99.99		99.99

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SUBTOTAL LOC-ALL TYP-ALL SPC-ALL

NUM. DIAG CODES	999,999	999,999,999	999.99	999,999,999.99	999.99	999,999,999.99	999.99	999,999,999.99	999.99
-----------------	---------	-------------	--------	----------------	--------	----------------	--------	----------------	--------

SUBTOTAL	COS 99	999,999,999	999,999,999.99	999,999,999.99	999,999,999.99	999,999,999.99
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\*\*\*\*\* GRAND TOTALS \*\*\*\*\*

	999,999,999	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99
SUBTOTAL	999,999,999	99,999,999,999.99	99,999,999,999.99	99,999,999,999.99

## SUR-9530-A DRG Distribution and Statistical Analysis

Functional Area	Report Number	Job Name	Report Title
SURS	SUR-9530-A	SRGJQ950	DRG Distribution and Statistical Analysis

### Description of Information

The DRG Distribution and Statistical Analysis Report provides a volume analysis of DRG code occurrences within a defined population (peer group or statewide).

*User options appear in **bold**.*

### User Options

Reporting Period                      Any time frame within 36 months of the available data base

### Purpose

The DRG ranking provided by the DRG Distribution and Statistical Analysis Report may be used to monitor and analyze inpatient hospital occurrences and for program management.

### Sort Sequence

- *Primary* -                      Peer group or statewide
- *Secondary* -                      Any of the following sequence criteria:
  - DRG\*
  - Number of services/occurrences\*
  - Amount billed
  - Amount paid\*

*\*An asterisk identifies sorts currently produced.*

### Distribution

To	Media	Copies	Frequency
EDS	Laser Print	0	Quarterly and Annually
IFSSA	Laser Print	0	Quarterly and Annually

### Detailed Field Definitions

Period                                      Time frame reflected on the report

Peer Group                                      Provider peer group code and description

Report Sequence	DRG
	Number of occurrences
	Amount billed
	Amount paid
DRG Code	Diagnosis related grouping code
Description	Narrative description of DRG
Occurs Number and Pcnt	Total number of occurrences for this DRG and percent of all DRGs for this peer group or statewide
Occurs Denied Number and Pcnt	Number of occurrences for this DRG with paid amount = 0, and percent of all DRG's for this peer group or statewide
Billed Amount and Pcnt	Total amount billed for this DRG and percent of total dollars billed for this DRG for this peer group or statewide
Allowed Amount and Pcnt	Total amount allowed for this DRG and percent of total dollars allowed for this DRG for this peer group or statewide
Paid Amount and Pcnt	Total amount paid for this DRG and percent of total dollars paid for this DRG for this peer group or statewide
Denied Amount and Pcnt	Total amount billed that was denied (paid amount = 0) for this DRG and percent of all DRG's for this peer group or statewide
Mean Pd/Svc	Average amount paid for this service calculated as follows: $\frac{\text{Mean Pd/Svc} = \text{Amount Paid}}{(\text{Occurrences} - \text{Occurrences denied})}$



REPORT: SUR-9530-A                      INDIANA AIM                      PAGE NUM: 1  
 PROCESS: SRGJA950                      RUN DATE: 09/28/2000  
 LOCATION: SRGP9532                      DRG CODE DISTRIBUTION AND STATISTICAL ANALYSIS

PEER GROUP: COS - 01 LOC - ALL TYPE - ALL SPEC - 010      REPORT SEQUENCE: DRG CODE                      PERIOD: 10/1999 THRU 09/2000

DRG	-----DESCRIPTION-----	-OCCURENCES- NUMBER PCNT	---BILLED--- AMOUNT PCNT	---ALLOWED--- AMOUNT PCNT	----PAID---- AMOUNT PCNT	-MEAN- AL/OCC
-----	-----------------------	-----------------------------	-----------------------------	------------------------------	-----------------------------	------------------

0001	CRANIOTOMY AGE >17 EXCEPT FOR TRAUMA	87 0.11	139,580.72 0.25	83,871.74 0.29	83,871.74 0.29	964.04
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0002	CRANIOTOMY FOR TRAUMA AGE >17	11 0.01	32,529.69 0.06	17,368.87 0.06	17,368.87 0.06	1,578.99
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0004	SPINAL PROCEDURES	30 0.04	28,309.04 0.05	19,927.56 0.07	19,927.56 0.07	664.25
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0005	EXTRACRANIAL VASCULAR PROCEDURES	46 0.06	52,859.90 0.10	4,749.19 0.02	4,749.19 0.02	103.24
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0006	CARPAL TUNNEL RELEASE	1 0.00	245.00 0.00	0.00 *****	0.00 *****	0.00
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0007	PERIPH,CRAN NERV/OTH NERV SYS PROC W CC	26 0.03	24,648.43 0.04	19,787.33 0.07	19,787.33 0.07	761.05
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\*\*\*\*\*

SUBTOTAL	PEER GROUP - ALL	NUM. DRG CODES	9
119 0.14	192,995.45 0.26	159,463.90 0.37	159,463.90 0.37

\*\*\*\*\* GRAND TOTALS \*\*\*\*\*

83,386	75,320,411.60	43,306,923.93	42,566,692.04
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## Section 23: TPL Reports

### TPL-0002-D ICES TPL Error Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0002-D		ICES TPL Error Report

#### Description of Information

The ICES TPL Error Report is a paper and microfiche report of the daily TPL updates to the TPL resource file from ICES. This report lists the attempted adds, deletes, or updates that ICES transmitted to EDS but not accepted in the IndianaAIM database. A brief message explaining each error and a brief description of the action taken are on the report. These transactions must be corrected so the appropriate action is taken.

#### Purpose

This report is used by the TPL Unit to identify potential areas requiring further research and resolution.

#### Sort Sequence

- *Primary* - Transaction code
- *Secondary* - Caseworker identification number, ascending
- *Tertiary* - Case number, ascending
- *Quaternary* - RID number, ascending

#### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Daily

#### Balancing Procedures

None

#### CSR Numbers:

N/A

#### Detailed Field Definitions

Field In Error

The field where an error is indicated on the ICES tape

Field Value

The value passed from ICES

Message	A brief description of why an add, a delete, or an update did not take place
Action Taken	The action taken on the record
TXN transaction entered	Add, delete, or update
RID	Member identification number assigned by ICES
Name	Member's full name (last name, first name, MI)
Carrier no.	The number assigned to a specific insurance carrier
Policy	The member insurance policy number
Case#	Ten-character numeric code assigned by ICES to the member
Worker	Six-character alphanumeric code identifying the caseworker number assigned to this member

Report: TPL-0002-D	IndianaAIM	Run Date: MM/DD/CCYY				
Process:		Run Time: HH:MM				
Location:	ICES TPL ERROR REPORT	Page Number:				
FIELD IN ERROR	FIELD VALUE	MESSAGE	ACTION TAKEN			
TXN UPD RID 120000000699		NAME FADI BERMUDA	CARRIER 0003810	POLICY 32113222A	CASE#	
1929292929	WORKER W01233					
CARRIER NUMBER 0003810		CARRIER NUMBER INVALID/NOT FOUND	REJECT			
TXN UPD RID 120000000799		NAME FRANCOIS PAUL	CARRIER 0003511	POLICY 32113222A	CASE#	
1929292456	WORKER W01233					
CARRIER NUMBER 0003511		CARRIER NUMBER INVALID/NOT FOUND	REJECT			
END OF REPORT						
NO DATA THIS REPORT						



## TPL-0006-R State Police Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0006-R		State Police Data Match

### Description of Information

The State Police Data Match is an annual report. CMS requires TPL to perform a match of the State Police Accident master file to the Medicaid eligibility file. When an injured party on the Accident Master file matches a currently eligible Medicaid member, and the cumulative accident and trauma paid claims amount since the date of the accident is more than \$500.00, the system reports that member and related accident information. All claims with a diagnosis code of 800.00-999.9, except 994.6, are reported. The State Police Accident master file is matched to the member table on the common data elements of full name and date of birth (if present) or age. Age is matched based on the date of the accident. Only the following record types from the Accident master file records are reported:

3-Driver records that contain injuries

4-Pedestrian

5-Injured

### Purpose

All matched individuals are identified by the TPL Unit as potential intakes with a third party recovery to pursue. All members listed on the report are researched as per normal procedures for intakes received in the TPL Unit.

### Sort Sequence

- *Primary* - RID number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	On Request

### Detailed Field Definitions

RID No.	Member Identification number assigned by ICES
Member Name	Member's Last Name, First name, Middle initial
Date Of Birth	Member's date of birth
Age	Member's age as of date of accident

Caseworker Number	Member's caseworker number
Address	Member's address
City	City
State	State
ZIP	ZIP code
Accident Number	State Police accident number
Dr/Ped/Inj Name	Driver/Pedestrian/Injured party name
Date Of Birth	Driver's date of birth
Age	Injured party's age
Type Of Record	State Police type of record
	Driver
	Pedestrian
	Injured
Nature Of Injury	Type of injury sustained
	Severed
	Internal
	Minor burn
	Severe burn
	Abrasion
	Minor bleeding
	Severe bleeding (arterial)
	Fracture/dislocation
	Contusion/bruise
	Complaint of pain
	None visible
	Unknown
	Not injured
Location Of Injury	Part of the body injured
	Chest
	Neck
	Eye
	Face
	Head
	Back
	Shoulder/upper arm
	Elbow/lower arm/hand



	Abdomen/pelvis
	Hip/upper leg
	Knee/lower leg/foot
	Entire body
	Unknown
	Not injured
Injury Status	Severity of injury
	Conscious
	Semi-conscious
	Incoherent
	Unconscious
	Shock
	Dead
	Refused medical attention
	Unknown
	Not injured
Summary	Report summary
Number Of Matches -Driver	Record type 3
Number Of Matches -Ped.	Pedestrian record type 4
Number Of Matches -Inj.	Injured record type 5
Total Number Of Matches	Total number of matches

Report: TPL-0006-R

Process:

Location:

**IndianaAIM****STATE POLICE DATA MATCH**

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

TIME: HH:MM:SS

PAGE: XXXX

<b>RID NO.:</b>	XXXXXXXXXXXXX	<b>ADDRESS:</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
<b>MEMBER NAME (Last, First, Middle Initial)</b>	XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X	<b>CITY:</b>	XXXXXXXXXXXXXXXXXX
<b>DATE OF BIRTH:</b>	XXXX/XX/XX	<b>STATE:</b>	XX
<b>AGE:</b>	XXX	<b>ZIP:</b>	XXXXXX
<b>CW:</b>	XXX		

<b>ACCIDENT NUMBER:</b>	XXXXXXXXXXXXX	<b>TYPE OF RECORD:</b>	XXXXXXXXXXXXX
<b>DR/PED/INJ NAME:</b>	XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X	<b>NATURE OF INJURY:</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXX
<b>DATE OF BIRTH:</b>	XXXX/XX/XX	<b>LOCATIONOF INJURY:</b>	XXXXXXXXXXXXXXXXXXXXXXXXXX
<b>AGE:</b>	XXX	<b>INJURY STATUS:</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXX

**SUMMARY****MATCH RUN DATE:** XXXX/XX/XX

<b>NUMBER OF MATCHES BY RECORD TYPE:</b>	<b>DRIVER (3)</b>	<b>PEDESTRIAN(4)</b>	<b>INJURED(5)</b>
	XXX	XXX	XXX

**TOTAL NUMBER OF MATCHES:** XXXX

PAGE BREAK BETWEEN RID NUMBERS

PAGE BREAK BEFORE SUMMARY

## TPL-0008-R Malpractice Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0008-R		Malpractice Data Match

### Description of Information

The Malpractice Data Match is a monthly report of names of possible Medicaid members who filed a malpractice suit. The Patient Compensation Board provides the TPL Unit with a tape containing a list of names of people who filed a malpractice suit during the previous month. The tape is matched against the Medicaid eligibility file to determine if there is a possible match. This match is performed on the common data element of full name.

### Purpose

The Malpractice Data Match is used by the TPL Unit as potential intakes with a third party recovery to pursue. All members listed on the report are researched as per normal procedures for intakes received in the TPL Unit.

### Sort Sequence

- *Primary* - Member last name, first

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

Claim Number	Malpractice claim number
Patient Name	Patient's last name, first name, and middle initial
Venue County	County the malpractice occurred in
Petition File Date	Date the Patient Compensation Board petitioned
Claim File Date	Date malpractice complaint filed
Incident Start Date	Date used internally for Patient Compensation Board
Incident End Date	Date used internally for Patient Compensation Board
Claim Close Date	Date malpractice complaint resolved
RID No.	Member Identification number assigned by ICES
Member Name	Member's last name, first name, and middle initial

Report: TPL-0008-R  
Process:  
Location:

**IndianaAIM**  
**MALPRACTICE DATA MATCH**  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
TIME: HH:MM:SS  
PAGE: XXXX

CLAIM #/ CURRENT RID	PATIENT NAME/ MEMBER NAME	VEN. CTY.	PETITION FILE DATE	CLAIM FILE DATE	INCIDENT START DATE	INCIDENT END DATE	CLAIM CLOSE DATE
XXXXXX XXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X	XX	XXXX/XX/XX	XXXX/XX/XX	XXXX/XX/XX	XXXX/XX/XX	XXXX/XX/XX

## TPL-0009-M Accident/Trauma

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0009-M		Accident/Trauma

### Description of Information

The Accident/Trauma Report is a monthly report. CMS requires TPL to use the Accident/Trauma Report in order to identify and pursue possible recovery cases. The report is driven by the member claim history. The report cumulates and extracts paid claims with an accident indicator, or claims with the first two diagnosis codes are in the range defined for accident and trauma, 800.00-999.9, except 994.6. Additional codes which are exempt from reporting are: 900-919.5, E950-958.8, 990-995.89, and 996-998.9. The claims do not report until the cumulative accident and trauma claim paid amounts for the member exceed \$500.00. An Accident/Trauma questionnaire is automatically produced for each member to facilitate research and follow-up. After the initial report, a member does not appear again for 150 days, in order to avoid redundancy.

### Purpose

The Accident/Trauma Report is used by the TPL Unit as potential intakes with a third party recovery to pursue. All members listed on the report are researched as per normal procedures for intakes received in the TPL Unit.

### Sort Sequence

- *Primary* - RID number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

### Detailed Field Definitions

RID No.	Member Identification number assigned by ICES
Member Name	Member's last name, first name, middle initial
Address	Member's address
City	Member's city
State	Member's state
ZIP	ZIP code
Acc Ind	Provider indicates on a claim whether or not the service is related to an accident

ICN	Internal Control Number
First Date Of Service	First date of service for claim
Last Date Of Service	Last date of service for claim
Provider Number	Medicaid provider identification number
Tot Billed	Total the provider billed for claim
Amt Paid	Amount Medicaid paid provider
TPL Payment	Third party payment amount
Date Paid	Injured employee first name
Primary Diag Code	Primary diagnosis code
Description	Narrative description of primary diagnosis code
Secondary Diag Code	Secondary diagnosis code
Description	Narrative description of secondary diagnosis code
Summary	Report summary
Total Paid	Cumulative total of paid claims for member
Total Members Reported	Summary total of members reported
Total Dollars Paid	Summary total of dollars paid for all members reported

Report: TPL-0009-M

Process:

Location:

**IndianaAIM****ACCIDENT / TRAUMA**

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

TIME: MM/DD/CCYY

PAGE: XXXX

<b>RID NO.:</b>	XXXXXXXXXXXXX	<b>ADDRESS:</b>	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX
<b>MEMBER NAME (Last, First, Middle Initial)</b>	XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX	<b>CITY:</b>	XXXXXXXXXXXXXXXXXX
<b>ACC. IND</b>	X	<b>STATE:</b>	XX
		<b>ZIP:</b>	XXXXX - XXXX

ICN	1ST DATE OF SERVICE	LAST DATE OF SERVICE	PROVIDER NO.	TOT BILLED	AMT PD	TPL PAYMENT	DATE PAID
XXXXXXXXXXXXX	XXXX/XX/XX	XXXX/XX/XX	XXXXXXXXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXX/XX/XX
PRIMARY DIAG. CD	DESCRIPTION		SECONDARY DIAG. CD		DESCRIPTION		
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		

ICN	1ST DATE OF SERVICE	LAST DATE OF SERVICE	PROVIDER NO.	TOT BILLED	AMT PD	TPL PAYMENT	DATE PAID
XXXXXXXXXXXXX	XXXX/XX/XX	XXXX/XX/XX	XXXXXXXXXXXXX	XXXXXXXX.XX	XXXXXXXX.XX	XXXXXXXX.XX	XXXX/XX/XX
PRIMARY DIAG. CD	DESCRIPTION		SECONDARY DIAG. CD		DESCRIPTION		
XXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		XXXXX		XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		

**TOTAL PAID**

XXXXXXXX.XX

**SUMMARY:****TOTAL MEMBERS REPORTED:** XXXX**TOTAL DOLLARS PAID:** XXXXXXXX.XX

PAGE BREAK BEFORE SUMMARY





## TPL-0010-R Black Lung Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0010-R		Black Lung Data Match

### Description of Information

The Black Lung Data Match Report is an annual report of the Department of Labor's Black Lung Indiana Beneficiaries matched against the Medicaid Eligibility table and reports when two of three of the following data elements are common to both files: Social Security Number, Date of Birth, Name.

### Purpose

The Black Lung Data Match Report is used by the TPL Unit to enter Black Lung benefits as a potential third party resource for cost avoidance. In addition, the data is used to identify and research claims related to the Black Lung diagnosis in order to retroactively recover expenditures.

### Sort Sequence

- *Primary* - Member name (last, first, middle initial)

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	On Request

### Detailed Field Definitions

Member Name	Member's last name, first name, middle initial
RID No.	Member identification number assigned by ICES
Address	Member's address
City	Member's city
State	Member's state
ZIP	ZIP code
Member SSN	Member Social Security number
Member DOB	Member date of birth
County Code	ICES-assigned county code
Caseworker #	Caseworker number
Summary	

**Total Members Reported**

Total of members reported

Report: TPL-0010-R  
Process:  
Location:

IndianaAIM  
BLACK LUNG  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
TIME: HH:MM:SS  
PAGE: XXXX

MEMBER/MINER NAME (Last, First, Middle Initial):  
RID NO:  
MEMBER ADDRESS:  
CITY:  
STATE:  
ZIP:  
MEMBER SSN:  
MEMBER D.O.B.:  
COUNTY CODE:  
CASEWORKER #:

XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  
XXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XX  
XXXXX-XXXX  
XXX-XX-XXXX  
XXXX/XX/XX  
XX  
XXXXXX

MEMBER/MINER NAME (Last, First, Middle Initial):  
RID NO:  
MEMBER ADDRESS:  
CITY:  
STATE:  
ZIP:  
MEMBER SSN:  
MEMBER D.O.B.:  
COUNTY CODE:  
CASEWORKER #:

XXXXXXXXXXXXXXXXXX, XXXXXXXXXXXXX X  
XXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXX  
XX  
XXXXX-XXXX  
XXX-XX-XXXX  
XXXX/XX/XX  
XX  
XXXXXX

SUMMARY:  
TOTAL MEMBERS REPORTED: XXXX

PAGE BREAK BEFORE SUMMARY  
END OF REPORT  
NO DATA THIS REPORT



## TPL-0012-R DEERS Data Match

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0012-R		DEERS Data Match

### Description of Information

CMS requires the TPL Unit to perform the DEERS Data Match that is an annual match of military personnel with dependents enrolled in Medicaid who are potentially eligible for CHAMPUS benefits. The match is performed based on the common data elements of Sponsor Social Security number, sponsor name, dependent name, dependent Social Security number, and dependent date of birth. This match is scheduled each year by DEERS.

As of January 1, 1999, the annual DEERS Data Match is the responsibility of HMS. The report definition should be kept, since the processes still exist in the system.

### Purpose

The DEERS Data Match is used by the TPL Unit to identify Medicaid members with CHAMPUS benefits. When a member is identified as a dependent of a military employee, the CHAMPUS benefit is entered on the TPL table as a resource. This data is used to automatically update the TPL file, adding or terminating CHAMPUS benefits as appropriate for cost avoidance and potential cost recovery.

### Sort Sequence

- *Primary* - Record type
  - 1=sponsor/parent
  - 2=dependent

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	On Request

### Detailed Field Definitions

Rec. Type	DEERS assigned record type valid values:  1—Sponsor/parent  2—Dependent
SSN	Social Security number of sponsor or dependent, depending on record type reported
Name	Sponsor or dependent name depending on which record type reported

Match Code	DEERS assigned match code valid values:
	4—SSN found-not eligible-matched DEERS sponsor
	5—SSN found-eligible-matched DEERS dependent
Service Start-End Dates	Sponsor's military eligibility dates
Reason	The reason eligibility ended as defined by DEERS valid values:
	A—21st birthday
	C—Retirement of sponsor
	D—Death of sponsor/dependent
	E—Card expired
	F—Invalid enrollment
	G—End of full-time student status
	H—Dependent married
	I—Incapacitation ends
	J—Dependent entered active duty
	K—Enlisted career
	L—Enrolled in CHOICE
	M—Medicare entitlement
	N—Sponsor not on QC master
	P—Estimated card expiration
	R—Estimated termination of service
	S—Active duty separation
	T—Divorce
	U—Not predictable
	V—DD 1172 never on master file
	X—Other
	Y—23rd birthday
Branch	DEERS defined branch of service code valid values:
Champus	A—Army
	D—Does not apply

	E—Public Health Service
	F—Air Force
	I—National Oceanic and Atmospheric Admin.
	M—Marine Corps
	N—Navy
	P—Coast Guard
	X—Other
	Z—Unknown
Sex	DEERS defined code identifying sex valid values:
	M—Male
	F—Female
	Z—Unknown
Rel	DEERS defined code identifying dependent's relationship to sponsor. Values include:
	C—Child (includes adoption)
	D—Widow(er)
	F—Unremarried widow(er)
	G—Unmarried widow(er)
	L—Parent-in-law
	M—Step-parent-in-law
	P—Parent
	S—Spouse
	T—Unremarried former spouse
	U—Step-parent
	V—Step-child
	W—Ward (includes foster and pre-adoptive children)
	X—Other
	Z—Unknown
Elig	DEERS defined codes indicating dependent's CHAMPUS eligibility information. Valid values:

	0—Eligible
	1—Ineligible
	2—Survivor placeholder
	3—Selected reserve
	4—Removed or alternate (cross-reference)
	5—Tentatively eligible 1172 only (unmatched 1172)
	6—Placeholder awaiting purge
	7—Ineligible sponsor with eligible dependent/CHAMPVA sponsor
	8—Tentatively ineligible retired
	9—Tentatively ineligible active
	L—Reserve component loss
	N—Guard record matching separation from active eligible assignment
	P—Reserve component loss kept for panograph or RDDDB data
	R—All reserve not in 3 above
	V—Reserve record matching separation from active eligible assignment
Sponsor DOB	Sponsor's date of birth
Sponsor Status	DEERS defined code identifying sponsor's status. Valid values include:
	A—Active duty
	D—100 percent DAV
	E—MEPCOM Enlistee
	N—National Guard
	R—Retired
	V—Reserve
	X—Other
	Z—Unknown



Report: TPL-0012-R

Process:

Location:

IndianaAIM

DEERS MATCH

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

TIME: MM/DD/CCYY

PAGE: XXXX

REC	NAME	MATCH	SERVICE	REASON/BRANCH/SEX	SPONSOR	SPONSOR
TYPE SSN		CODE	START-END	/REL/ELIG CODES	D.O.B	STATUS
X	XXX-XX-XXXX	XXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXX X	X XXXX/XX/XX-XXXX/XX/XX	XX/ XX/ XX/ XX/ XX	XXXX/XX/XX	X
X	XXX-XX-XXXX	XXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXX X	X XXXX/XX/XX-XXXX/XX/XX	XX/ XX/ XX/ XX/ XX	XXXX/XX/XX	X

REC	NAME	MATCH	SERVICE	REASON/BRANCH/SEX	SPONSOR	SPONSOR
TYPE SSN		CODE	START-END	/REL/ELIG CODES	D.O.B	STATUS
X	XXX-XX-XXXX	XXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXX X	X XXXX/XX/XX-XXXX/XX/XX	XX/ XX/ XX/ XX/ XX	XXXX/XX/XX	X
X	XXX-XX-XXXX	XXXXXXXXXXXXXXXXXX,XXXXXXXXXXXXX X	X XXXX/XX/XX-XXXX/XX/XX	XX/ XX/ XX/ XX/ XX	XXXX/XX/XX	X

\*END OF REPORT\*  
\*NO DATA RUN\*



## TPL-0016-M TPL Cost Avoidance Statistics

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0016-M		TPL Cost Avoidance Statistics

### Description of Information

For State tracking purposes, the TPL Cost Avoidance Statistics reports claims with TPL Collections, Claims Denied for TPL, and Claims Previously Denied for TPL.

### Purpose

The TPL Cost Avoidance Statistics report is used by the State to respond to CMS surveys and to track monthly totals and trends on claims that are cost avoided due to TPL.

### Sort Sequence

- *Primary* - Medical assistance program

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

### Detailed Field Definitions

**Medical Assistance Program** The public health program for which TPL cost avoidance statistics are being reported.

**Total Claims W/ TPL Collections:**

**Number Of Claims:**

The total number of claims paid in the report month submitted to Medicaid by providers with a TPL amount in the appropriate field of the claim form (refer to TPL Dollars). This number includes claims that crossed over from Medicare as well as zero paid claims and is a total of the number of claims reported in Claims with Medicare Collections and Claims with Insurance Collections below.

**TPL Dollars**

The total TPL/Medicare dollar amount reported on the above claims. This figure is a total of the TPL Dollars reported for Claims with Medicare Collections and Claims with Insurance Collections below. These are Medicaid cost avoidance dollars because the insurer is billed and pays before Medicaid is billed.

The amount paid by insurers is included by the providers in the appropriate field on each claim form:

- Dental:
- Carrier Pays
- UB-92:
- Field 54-Prior Payments
- CMS-1500:
- Field 29-Amount Paid
- Pharmacy:
- Field 19-3rd Party Paid

**Total Claims Denied For TPL:****Number Of Claims:**

This represents the total number of claims denied during the report month because the member had health insurance (including Medicare) listed on the IndianaAIM TPL file, and there was no indication that the insurance company and Medicare was billed.

A claim is included in this figure whether the entire claim is denied or only a detail is denied for TPL related edits.

**TPL Dollars**

The total billed amount of denied claims listed above.

The entire billed amount is included in this figure whether the entire claim denied or only a detail denied for TPL related edits. For this reason, the cost avoided amount is slightly overstated. The entire billed amount is used in this figure because it is usually an entire claim that previously denied for TPL/Medicare related edits. Also, the later process of identification of a claim previously denied is difficult to do on a detail basis.

**Claims Denied For Insurance:****Number Of Claims**

This is the number of claims denied in the report month because the member had TPL (private insurance) listed on the IndianaAIM TPL file and there was no indication that the insurance company was billed by the provider. These claims are identified by the private insurance related edits (2504 and 2505) that caused the denials.

**Total Claims Previously Denied For TPL:****Number Of Claims**

This represents the total number of claims denied in the past 180 days for TPL (private insurance) or Medicare related edits (2500, 2501, 2502, 2503, 2504, and 2505) but were resubmitted and paid in the report month (refer to Total Claims Denied for TPL.)

IndianaAIM identifies these claims by the following methods:

Reviewing the processed claims tables to identify claims denied in the last 180 days with edits 2500, 2501, 2503, 2504, or 2505.

Reviewing claims paid in the report month to determine if any of them match a claim identified in step 1 above. Claims match if all four of the following criteria match:

- RID numbers
- Provider numbers
- From DOS
- To DOS

The total number of matches identified in step 2 above is calculated and included in this field. A matched pair is one claim previously denied and later paid in the report month.

**TPL Dollars**

The total billed amount of the claims previously denied matched to claims paid in the report month.

**Claims Previously Denied For TPL:****Number Of Claims**

This represents the total number of claims denied in the past 180 days for private insurance related edits (2504, and 2505) but were resubmitted and paid in the report

month (refer to Total Claims Denied for TPL.)

IndianaAIM identifies these claims by the following method:

Reviewing the processed claims tables to identify claims denied in the last 180 days with edits 2504 and 2505.

Reviewing claims paid in the report month to determine if any of them match a claim identified in step 1 above. Claims match if all four of the following criteria match:

- RID numbers
- Provider numbers
- From DOS
- To DOS

The total number of matches identified in step 2 are calculated and included in this field. A matched pair is one claim previously denied and later paid in the report month.

#### TPL Dollars

The total billed amount of the claims previously denied for private insurance edits matched to claims paid in the report month.

#### Total Net Claims Denied For TPL:

#### Number Of Claims

The total number of claims listed above as denied for TPL, minus the total number of claims listed above identified as previously denied for TPL. This also is the total number of net claims denied for Medicare, plus the total number of net claims denied for insurance listed below.

Note: Throughout this report, when claims are referred to, this means the following claim types. (Specific claim types to be reported in specific fields are detailed in the above specifications.):

Code	Claim Type	Batch Range
A	Inpatient crossover	000-015
B	CMS crossover	016-049
C	Outpatient crossover	000-015
D	Dental	050-099
H	Home health	250-299
I	Inpatient	100-129
L	Nursing home	150-249
M	CMS	600-899
O	Outpatient	130-149
P	Pharmacy	300-599

Report: TPL-0016-M  
Process:  
Location:

**IndianaAIM**  
**TPL COST AVOIDANCE STATISTICS**  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
PAGE: XXXX

<b>MEDICAL ASSISTANCE PROGRAM:</b>	XX	
<b>TOTAL CLAIMS WITH TPL COLLECTIONS:</b>	9999999999	\$999,999,999.99
<b>TOTAL CLAIMS DENIED FOR TPL:</b>	9999999999	\$999,999,999.99
<b>TOTAL CLAIMS PREVIOUSLY DENIED FOR TPL:</b>	9999999999	\$999,999,999.99
<b>TOTAL NET CLAIMS DENIED FOR TPL:</b>	9999999999	\$999,999,999.99

*PAGE BREAK BY MEDICAL ASSISTANCE PROGRAM*

*END OF REPORT  
OR  
NO DATA THIS REPORT*

## TPL-0017-R Carrier by Employer

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0017-R		Carrier by Employer

### Description of Information

The TPL Carrier by Employer report is an online report. This report identifies which insurance carriers are related to employers. EDS specifies the employer and the report lists all of carriers associated with the employer.

### To Generate The Report:

1. Access *IndianaAIM*
2. From the Main Menu click on *Third Party Liability* to display the menu options.
3. Click on *TPL Reports* to display the reports generated online.
4. Click on *Carriers by Employer*.
5. Enter the employer ID in the employer ID field and click on *Search*.
6. The results of the search displays all carriers associated with an employer.
7. To print the report, click on *File* on the menu bar. The options include *Print, Exit, Exit IndianaAIM*. Click on *Print*.

### Purpose

The report identifies which insurance companies are related to a certain employer.

### Sort Sequence

- *Primary* - Employer ID
- *Secondary* - Carrier number

### Distribution

To	Media	Copies	Frequency
EDS	Online	0	On Request

### Detailed Field Definitions

Employer ID	System-assigned employer identification number
Employer Name	Name of the employer
Insurance Carrier Name	Name of the insurance company related to the employer
Insurance Carrier No	The number Medicaid assigned to the insurance carrier
Insurance Carrier Address	Billing address of the insurance company

Insurance Carrier Address	Second line for the billing address of the insurance company
City	City where the insurance company is located
State	State where the insurance company is located
ZIP Code	ZIP code of the insurance company



Report: TPL-0017-R

Process:

Location:

**IndianaAIM****Carrier By Employer**

DATE: MM/DD/CCYY

PAGE: XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

**EMPLOYER ID:**

XXXXXXXX

**EMPLOYER NAME:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER NAME:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER NO:**

XXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**CITY:**

XXXXXXXXXXXXXXXXXX

**STATE:**

XX

**ZIP CODE:**

XXXXX-XXXX

**INSURANCE CARRIER NAME:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER NO:**

XXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**CITY:**

XXXXXXXXXXXXXXXXXX

**STATE:**

XX

**ZIP CODE:**

XXXXX-XXXX

**INSURANCE CARRIER NAME:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER NO:**

XXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**INSURANCE CARRIER BILLING ADDR:**

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

**CITY:**

XXXXXXXXXXXXXXXXXX

**STATE:**

XX

**ZIP CODE:**

XXXXX-XXXX

END OF REPORT

NO DATA THIS REPORT



## TPL-0018-R Employer by Carrier

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0018-R		Employer by Carrier

### Description of Information

The TPL Employer by Carrier report is an online report. This report identifies which employers subscribe to a certain insurance company. EDS specifies the insurance carrier and the report lists all of their employers.

### To Generate The Report

1. Access *IndianaAIM*
2. From the Main Menu click *Third Party Liability* to display the menu options.
3. Click the *TPL Reports* to display the reports generated online.
4. Click the *Employers by Carrier* button.
5. Enter the carrier ID in the Insurance Carrier No. field and click *Search*.
6. The results of the search displays all employers associated with the carrier.
7. To print the report, click on *File* at the menu bar. The options include *Print, Exit, Exit IndianaAIM*. Click *Print*.

### Purpose

The report identifies the employers associated with an insurance carrier.

### Sort Sequence

- *Primary* - Insurance carrier number
- *Secondary* - Employer ID

### Distribution

To	Media	Copies	Frequency
EDS	Online	0	On Request

### Detailed Field Definitions

Insurance Carrier Name	Name of the insurance company
Insurance Carrier No	Assigned carrier number
Insurance Carrier Billing Address	Billing address of the insurance company
Insurance Carrier Billing Address	Second line for the billing address of the insurance company
City	City where the insurance company is located
State	State where the insurance company is located

ZIP Code	ZIP code of the insurance company
Employer Name	Name of the employer related to the insurance company.
Employer ID	System assigned employer identification number
Employer Address	Address of the employer
Employer Address	Second line for the address of the employer
City	City where the employer is located
State	State where the employer is located
ZIP Code	ZIP code of the employer

Report: TPL-0018-R

Process:

Location:

**IndianaA/M****Employer by Carrier**

DATE: MM/DD/CCYY

PAGE: XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

**INSURANCE CARRIER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**INSURANCE CARRIER NO:** XXXXXXXX  
**INSURANCE CARRIER BILLING ADDR:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**INSURANCE CARRIER BILLING ADDR:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**CITY:** XXXXXXXXXXXXXXXX  
**STATE:** XX  
**ZIP CODE:** XXXXX-XXXX

**EMPLOYER ID:** XXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**CITY:** XXXXXXXXXXXXXXXX  
**STATE:** XX  
**ZIP CODE:** XXXXX-XXXX

**EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**EMPLOYER ID:** XXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**CITY:** XXXXXXXXXXXXXXXX  
**STATE:** XX  
**ZIP CODE:** XXXXX-XXXX

**EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**EMPLOYER ID:** XXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**EMPLOYER ADDRESS:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**CITY:** XXXXXXXXXXXXXXXX  
**STATE:** XX  
**ZIP CODE:** XXXXX-XXXX

END OF REPORT



## TPL-0019-R Members by Carrier

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0019-R		Members by Carrier

### Description of Information

The TPL Members by Carrier report is an online report. This report identifies which members are covered by a carrier. The user specifies the insurance carrier by name or number. All active and inactive IHCP members associated with the carrier displayed on the report.

### To Generate The Report

1. Access *IndianaAIM*
2. From the Main Menu click *Third Party Liability* to display the menu options.
3. Click *TPL Reports* to display the reports generated online.
4. Click *Members by Carrier*.
5. Enter the Insurance Carrier Number or Name in the *Insurance Carrier Number* or *Name* field and click *Search*.
6. The results of the search displays all members covered by the carrier. All members, regardless of the effective dates of the coverage, display.
7. To print the report, click on *File* at the menu bar. The options include *Print*, *Exit*, *Exit IndianaAIM*. Click *Print*.

### Purpose

The report identifies all members covered by a specific carrier for use in analysis and file maintenance.

### Sort Sequence

- *Primary* - Insurance carrier number
- *Secondary* - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Online	1	On Request

### Detailed Field Definitions

Insurance Carrier Number	Number assigned to a specific insurance company
Insurance Carrier Name	Name of the insurance company
Insurance Carrier Address	Insurance company billing address
RID No.	ICES-assigned Member Identification number

Members Name	Name of the member covered by the insurance company.
Policy Number	Number assigned to the insurance policy



Report: TPL-0019-R  
Process:  
Location:

IndianaAIM  
Members by Carrier

DATE: MM/DD/CCYY  
PAGE: XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

INSURANCE CARRIER NUMBER:  
INSURANCE CARRIER NAME:  
INSURANCE CARRIER ADDRESS 1:

XXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

MEMBER NAME:  
RID NO.  
POLICY NUMBER:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

MEMBER NAME:  
RID NO.  
POLICY NUMBER:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

MEMBER NAME:  
RID NO.  
POLICY NUMBER:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

INSURANCE CARRIER NUMBER:  
INSURANCE CARRIER NAME:  
INSURANCE CARRIER ADDRESS 1:

XXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX

MEMBER NAME:  
RID NO.  
POLICY NUMBER:

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
XXXXXXXXXXXX  
XXXXXXXXXXXXXXXXXXXX

END OF REPORT



## TPL-0020-R Carrier by Member

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0020-R		Carrier by Member

### Description of Information

The TPL Carrier by Member report is an online report. This report identifies the member's insurance policy carriers.

### To Generate The Report

1. Access *IndianaAIM*
2. From the Main Menu click *Third Party Liability* to display the menu options.
3. Click *TPL Reports* to display the reports generated online.
4. Click *Carrier by Member*.
5. Enter the RID number of the member in the *RID No.* field.
6. The results of the search display all the member's insurance policy carriers. All carriers, regardless of the effective dates of the coverage, display.
7. To print the report, click *File* on the menu bar. The options include *Print*, *Exit*, *Exit IndianaAIM*. Click *Print*.

### Purpose

The report identifies all carriers subscribed to by a certain member for use in analysis and file maintenance.

### Sort Sequence

- *Primary* - RID number
- *Secondary* - Carrier ID

### Distribution

To	Media	Copies	Frequency
EDS	Online	1	On Request

### Detailed Field Definitions

RID No.	ICES-assigned member identification number
Members Name	Name of the member covered by the insurance company.
Insurance Carrier Number	Number assigned to a specific insurance company
Insurance Carrier Name	Name of the insurance company
Insurance Carrier Address	Billing address of the insurance company

Report: TPL-0020-R  
Process:  
Location:

**IndianaAIM**  
**Carrier byMember**  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
PAGE: XXXX

**RID NO** XXXXXXXXXXXXXXXX  
**MEMBER NAME:** XX

**INSURANCE CARRIER NUMBER:** XXXXXXXXXXXX  
**INSURANCE CARRIER NAME:** XX  
**INSURANCE CARRIER ADDRESS:** XX  
XX  
XXXXXXXXXXXXXXXXXXXX,XX XXXXX-XXXX

**INSURANCE CARRIER NUMBER:** XXXXXXXXXXXX  
**INSURANCE CARRIER NAME:** XX  
**INSURANCE CARRIER ADDRESS:** XX  
XX  
XXXXXXXXXXXXXXXXXXXX,XX XXXXX-XXXX

**RID NO** XXXXXXXXXXXXXXXX  
**MEMBER NAME:** XX

**INSURANCE CARRIER NUMBER:** XXXXXXXXXXXX  
**INSURANCE CARRIER NAME:** XX  
**INSURANCE CARRIER ADDRESS:** XX  
XX  
XXXXXXXXXXXXXXXXXXXX,XX XXXXX-XXXX

**INSURANCE CARRIER NUMBER:** XXXXXXXXXXXX  
**INSURANCE CARRIER NAME:** XX  
**INSURANCE CARRIER ADDRESS:** XX  
XX  
XXXXXXXXXXXXXXXXXXXX,XX XXXXX-XXXX

END OF REPORT

NO DATA THIS REPORT

## TPL-0021-Q Carrier Master File-Alpha

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0021-Q		Carrier Master File-Alpha

### Description of Information

The TPL Carrier Master File-Alpha is a system-generated quarterly report. The report identifies all carriers currently on the TPL Carrier table. The report is produced in alphabetical order.

### Purpose

The report lists all carriers currently on the TPL Carrier table.

### Sort Sequence

- *Primary* - Carrier name

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly

### Detailed Field Definitions

Insurance Carrier Name	Name of the insurance carrier
Insurance Carrier Number	EDS-assigned carrier number
Insurance Carrier Billing Address	Billing address of the insurance carrier
Insurance Carrier Phone	Phone number of the insurance carrier
Insurance Carrier Corresponding Address	Corresponding Address of the insurance carrier

Report: TPL-0021-Q  
Process:  
Location:

IndianaAIM  
Carrier Master File - Alpha  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
PAGE: XXXX

BILLING ADDRESS	CORRESPONDENCE ADDRESS
XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX (XXX)XXX-XXXX	XXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX (XXX)XXX-XXXX
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END OF REPORT      (or)      NO DATA THIS REPORT

## TPL-0022-Q Carrier Master File-Numeric

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0022-Q		Carrier Master File-Numeric

### Description of Information

The TPL Carrier Master File-Numeric is a system-generated quarterly report. This report identifies all carriers and self-insured employers currently on the TPL Carrier table in numeric order.

### Purpose

The report lists all carriers currently on the TPL Carrier table.

### Sort Sequence

- *Primary* - Carrier number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	CRLD	0	Quarterly

### Detailed Field Definitions

Insurance Carrier Number	EDS-assigned carrier number
Insurance Carrier Name	Name of the insurance carrier
Insurance Carrier Billing Address	Billing address of the insurance carrier
Insurance Carrier Phone	Phone number of the insurance carrier
Insurance Carrier Corresponding Address	Corresponding address of the insurance carrier

Report: TPL-0022-Q  
Process:  
Location:

**IndianaAIM**  
**Carrier Master File - Numeric**  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
PAGE: XXXX

**BILLING ADDRESS**

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**CORRESPONDANCE ADDRESS**

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(XXX)XXX-XXXX

END OF REPORT (or) NO DATA THIS REPORT



## TPL-0023-W Potential TPL for Follow-Up

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0023-W		Potential TPL for Follow-Up

### Description of Information

The Potential TPL for Follow-up is a system-generated weekly report. This report identifies all unduplicated claims paid or denied with an amount more than 0 in the TPL payment field and there is no member insurance information on the TPL tables. When a member reports, the member is flagged and does not report again for 60 days.

### Purpose

The report initiates the system generation of a provider cover letter and questionnaire to request additional information regarding the potential TPL policy payment on the reported claim. When the questionnaire is returned to the TPL Unit, the appropriate information is entered into the TPL tables for future cost avoidance and recovery.

### Sort Sequence

- *Primary* - Medical assistance program
- *Secondary* - RID number
- *Tertiary* - Provider number.

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Medical Assistance Program	Public health program for which the member is eligible. Valid values: – Medicaid – 590
RID No.	ICES-assigned member identification number
ICN	Internal control number (claim number)
Provider Number	Billing provider identification number
Provider Name	Billing provider name
From Date Of Service	First date of service on claim

To Date Of Service	Last date of service on claim
Total Charge	Total charge on claim
TPL Amount	Third party payment amount
Medicaid Payment	Medicaid payment amount

Report: TPL-0023-W  
Process:  
Location:

**IndianaAIM**  
**Potential TPL for Follow-up**  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY  
PAGE: XXXX

**MEDICAL ASSISTANCE PROGRAM:** XX  
  
**RID NO.:** XXXXXXXXXXXXX  
**ICN:** XXXXXXXXXXXXXXX  
**PROVIDER NUMBER:** XXXXXXXXX  
**PROVIDER NAME:** XX  
**FROM DATE OF SERVICE:** XXXX/XX/XX  
**TO DATE OF SERVICE:** XXXX/XX/XX  
**TOTAL CHARGE:** \$XXXXXXXX.XX  
**TPL AMOUNT:** \$XXXXXXXX.XX  
**MEDICAID PAYMENT:** \$XXXXXXXX.XX

**RID NO.:** XXXXXXXXXXXXX  
**ICN:** XXXXXXXXXXXXXXX  
**PROVIDER NUMBER:** XXXXXXXXX  
**PROVIDER NAME:** XX  
**FROM DATE OF SERVICE:** XXXX/XX/XX  
**TO DATE OF SERVICE:** XXXX/XX/XX  
**TOTAL CHARGE:** \$XXXXXXXX.XX  
**TPL AMOUNT:** \$XXXXXXXX.XX  
**MEDICAID PAYMENT:** \$XXXXXXXX.XX

END OF REPORT  
NO DATA THIS REPORT



## TPL-0033-M Cost Avoidance Summary – HCFA Calculation

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0033-M		Cost Avoidance Summary – HCFA Calculation

### Description of Information

This report is a monthly calculation of cost avoidance savings based on an CMS-specified formula.

### Purpose

This report calculates the average monthly cost avoidance savings due to private insurance for the Indiana Medicaid program. The Total Cost Savings figure is added for the three months of each quarter and entered on the CMS 64 report. Dates associated with the heading Period always shows the previous year.

### Sort Sequence

N/A

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

### Detailed Field Definitions

Review Month	Processing month and year for which statistics are reported  (Note: Read file from 12 months prior; such as, Review/report month = 7/95, actually read file data from 7/94)
Members With TPL	Category of members with a current TPL resource (policy) on file. Exclude the following from the universe: <ul style="list-style-type: none"> <li>– Members in nursing home</li> <li>– Members in MCO</li> </ul>
Number	Number of unduplicated members in this category
Total Expenditures	Total Medicaid dollars paid for members with TPL in the reporting month
Average Expenditures	Total Expenditures divided by the Number of members with TPL produces the average Medicaid expenditures per member in this category
Members With No TPL	Category of members with no current TPL resource (policy) on file

Number	Number of unduplicated members in this category
Total Expenditures	Total Medicaid dollars paid for members with no TPL in the reporting month
Average Expenditures	Total Expenditures divided by the Number of members produces the average Medicaid expenditures per member in this category
Avg. Savings per member	$\frac{\text{Avg. Expenditures per Member with TPL} - \text{Avg. Expenditures per Member with No TPL}}{\text{Avg. Expenditures per Member with TPL}}$
Total Cost Avoidance Savings	Avg. Savings per Member multiplied by the total Number of Members with TPL

Report: TPL-0033-M

Process:

Location:

IndianaAIM

Cost Avoidance Summary - HCFA Calculation

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

REVIEW MONTH: YYYY/MM

	<u>NUMBER</u>	<u>TOTAL EXPENDITURES</u>	<u>AVG. EXPENDITURES</u>
MEMBERS WITH TPL	999,999	\$999,999,999	\$999,999
MEMBERS WITH NO TPL	999,999	\$999,999,999	\$999,9990000000000000
AVG. SAVINGS PER MEMBER:	\$ 999,999		
TOTAL COST AVOIDANCE SAVINGS:	\$ 999,999,999		





## TPL-0034-M Cost Recovery Summary – HCFA

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0034-M		Cost Recovery Summary – HCFA

### Description of Information

This report is a monthly summary of all cost recovery and collection results related to TPL activities, sorted by Medical Assistance Programs.

### Purpose

This report provides summary level data for trend analysis. The monthly data is added for the three months of each quarter for input to the collection data of the CMS 64 report.

### Sort Sequence

- *Primary* - Medical assistance program (1-CSHCS 2-XIX 3-590)

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

### Detailed Field Definitions

#### Casualty-Related Collections

Total dollar collections resulting from casualty cases received during the reporting month. This figure equals to the Total Monthly Recoveries field on the Casualty Collections Report (TPL-0027-M).

#### Insurance Collections

Total dollar collections resulting from retroactive insurance billings to carriers and employers. This is the net amount entered to the TPL A/R tables during the reporting month. This figure added for the three months of a quarter equates to the Net Received Q-T-D field on the Recovery Activity by Carrier Report (TPL-0029-Q).

#### Medicare-Related

Total dollars collected from Medicare carriers and posted to the TPL A/R for the reporting month. Collections from Carrier numbers: 0000002, 0006002, 0008053.

#### Non-Medicare Related

Total dollars collected from all carriers except Medicare posted to the TPL A/R for reporting month.

#### Provider TPL-Related Collections

Total dollar collections from providers submitted in the form of a refund check and finalized during the reporting month. These transactions are processed through the adjustments/financial area of the system as TPL-related refunds. They are identified by the following Reason Codes:

	8045, 8046, 8065, 8066, 8086, 8087, 8164, 8165, 8184, 8185, 8220, 8221, 8222
<b>Medicare-Related</b>	Total provider collections that result when Medicare is the third party involved in the refund. They are identified by the following subset of reason codes: 8046, 8066, 8087, 8165, 8185, 8221
<b>Non-Medicare Related</b>	Total dollars refunded as a result of third party involvement with insurance other than Medicare. They are identified by the following subset of reason codes: 8045, 8065, 8086, 8164, 8184, 8220, 8222
<b>Provider TPL-Related Offsets</b>	Total dollar collections from providers finalized during the reporting month in the form of an adjustment offset. These transactions are processed through the adjustments/financial area of the system as TPL-related adjustments. They are identified by the following Reason Codes: 8006, 8007, 8026, 8027, 8106, 8107, 8124, 8125, 8144, 8145, 8405, 8408, 8443
<b>Medicare-Related</b>	Total dollars from provider TPL offsets which result when Medicare is the third party involved in the refund. They are identified by the following subset of reason codes: 8007, 8027, 8107, 8125, 8145
<b>Non-Medicare Related</b>	Total dollars from provider TPL offsets resulting from third party involvement with insurance other than Medicare. They are identified by the following subset of reason codes: 8006, 8026, 8124, 8144, 8405, 8408, 8106, 8443
<b>DFC Collections</b>	Total dollar of TPL-related collections received by the counties during the reporting month. This figure is calculated and submitted by FSSA. Therefore, it is derived for this report by direct online input each month
<b>Total TPL-Related Recoveries</b>	Grand total of all types of TPL-related collections reported above.

Report: TPL-0034-M

Process:

Location:

**IndianaAIM**

DATE: MM/DD/CCYY

**Cost Recovery Summary - HCFA**

PERIOD: MM/DD/CCYY - MM/DD/CCYY

MEDICAL ASSISTANCE PROGRAM: XXX

**CASUALTY-RELATED COLLECTIONS:**

\$99,999,999

**INSURANCE COLLECTIONS**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**PROVIDER TPL-RELATED COLLECTIONS:**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**PROVIDER TPL-RELATED OFFSETS:**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**DFC COLLECTIONS:**

\$99,999,999

**TOTAL TPL-RELATED RECOVERIES:**

\$99,999,999

\*\*\*PAGE BREAK BETWEEN MAPs\*\*\*

END OF REPORT

Report: TPL-0034-M  
 Process  
 Location:

**IndianaAIM**  
**Cost Recovery Summary - HCFA**

DATE: MM/DD/CCYY

PERIOD: MM/DD/CCYY - MM/DD/CCYY

MEDICAL ASSISTANCE PROGRAM: XXX

**CASUALTY-RELATED COLLECTIONS:**

\$99,999,999

**INSURANCE COLLECTIONS**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**PROVIDER TPL-RELATED COLLECTIONS:**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**PROVIDER TPL-RELATED OFFSETS:**

\$99,999,999

MEDICARE RELATED

\$99,999,999

NON-MEDICARE RELATED

\$99,999,999

**DFC COLLECTIONS:**

\$99,999,999

**TOTAL TPL-RELATED RECOVERIES:**

\$99,999,999

\*\*\*PAGE BREAK BETWEEN MAPS\*\*\*

END OF REPORT

## TPL-0038-M HIPP Monthly Payment Detail Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0038-M		HIPP Monthly Payment Detail Report

### Description of Information

The HIPP Monthly Payment Detail Report is system-generated and reflects monthly HIPP activity by individual member. The report details which policies are included for premium payment and the premiums paid on each. The total amount of premiums paid for HIPP members, the number of premiums paid, and the total of reported members are summarized at the end of the report.

### Purpose

The HIPP Monthly Payment Detail Report is used by IFSSA and EDS to monitor and verify HIPP payment activity.

### Sort Sequence

- *Primary* - RID number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly
IFSSA	Paper/CRLD	1	Monthly

### Detailed Field Definitions

RID	ICES-assigned member identification number
Member Name	Member name: last, first, middle initial
Carrier/Emp ID	Carrier or employer number of the insuring entity
Name	Carrier or employer name from TPL Carrier table
Policy No	Policy number associated with the HIPP payment
Amt Paid	Amount of HIPP premium payment
Check No	Check number of premium payment
Issue Dt	Date premium payment check was issued
Schedule	Frequency schedule of premium payments for this policy's valid values: MO—Monthly

QT—Quarterly  
SA—Semiannually  
AN—Annually

Summary:

Total Paid In Premiums

Number Of Premiums Paid

Total Members:

Total amount of premiums paid in the reporting month  
Total number of premium payments in the reporting month  
Number of unduplicated members with HIPP premiums paid in the reporting month

Report: TPL-0038-M

Process:

Location:

**IndianaAIM**  
**HIPP Monthly Payment Detail**  
 PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

PAGE: XXXX

RID	CARRIER/EMP ID	POLICY NO	AMT PAID	CHECK NO	ISSUE DT	SCHEDULE			
<b>MEMBER NAME NAME</b>									
99999999999			XXXXXXX		XXXXXXXXXXXXXXXXXX	\$9,999.99	XXXXXXXXXX	YYYY/MM/DD	MO
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
99999999999			XXXXXXX		XXXXXXXXXXXXXXXXXX	\$9,999.99	XXXXXXXXXX	YYYY/MM/DD	MO
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
99999999999			XXXXXXX		XXXXXXXXXXXXXXXXXX	\$9,999.99	XXXXXXXXXX	YYYY/MM/DD	MO
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						
99999999999			XXXXXXX		XXXXXXXXXXXXXXXXXX	\$9,999.99	XXXXXXXXXX	YYYY/MM/DD	MO
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX						

**SUMMARY**

TOTAL PAID IN PREMIUMS: \$999,999.99

NUMBER OF PREMIUMS PAID: 9,999

TOTAL MEMBERS: 9,999

END OF REPORT (or) NO DATA THIS REPORT





## TPL-0039-M HIPP Members for Cost Effectiveness Review

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0039-M		HIPP Members for Cost Effectiveness Review

### Description of Information

The HIPP Members for Cost Effectiveness Review Report is system-generated monthly. The report criteria based on the Review Date on the HIPP Payment Window and lists those members whose HIPP policies require a scheduled review for the report month of the cost-effectiveness of continuing premium payments.

### Purpose

The HIPP Members for Cost Effectiveness Review report is used by the TPL Unit to identify members with cost-effectiveness redeterminations due for review in the report month.

### Sort Sequence

- *Primary* - RID number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Monthly

### Detailed Field Definitions

RID	ICES-assigned member identification number
Member Name	Member name: last, first, middle initial
Carrier/Emp ID	Carrier or employer number of the insuring entity
Name	Carrier or employer name from TPL Carrier table
Policy No	Policy number associated with this HIPP payment
Premium Amount	Amount of HIPP premium payment
Schedule	Frequency schedule of premium payments for this policy's valid values: <ul style="list-style-type: none"> <li>– Monthly</li> <li>– Quarterly</li> <li>– Semiannually</li> <li>– Annually</li> </ul>
Review Date	Date for cost-effectiveness review established on window

**Summary:**

**Total Members**

Total number of members reported in reporting month

Report: TPL-0039-M

Process:

Location:

## IndianaAIM

## HIPP Members for Cost Effectiveness Review

DATE: MM/DD/CCYY

PAGE: XXXX

REVIEW MONTH: XXXXXXXX

RID	CARRIER/EMP ID	POLICY NO	PREMIUM AMOUNT	SCHEDULE	REVIEW DT
MEMBER NAME	NAME				
999999999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX				YYYY/MM/DD
999999999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX				YYYY/MM/DD
999999999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX				YYYY/MM/DD
999999999999	XXXXXXXX	XXXXXXXXXXXXXXXXXXXX	\$9,999.99	XX	
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX				YYYY/MM/DD
<b>SUMMARY</b>					
TOTAL MEMBERS:	9,999				

END OF REPORT  
NO DATA THIS REPORT



## TPL-0040-W Premium Recoupment

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0040-W		Premium Recoupment

### Description of Information

The HIPP Members for Potential Premium Recoupment Report is system-generated weekly and alerts Medicaid that HIPP premium payments may potentially stop. The report shows premium payment information and the reason for further investigation. The total number of members and the total premiums potentially paid in error are also reported.

### Purpose

The HIPP Members for Potential Premium Recoupment Report is used by EDS to investigate whether premium payments should be stopped and prior payment(s) recovered. The report identifies members whose medical assistance eligibility terminated, insurance policy terminated the TPL Resource file, Medicare Buy-In occurred, or who enrolled in an MCO (Managed Care Organization). The latter two reasons do not allow for recoupment, only stopping of HIPP premium payments.

### Sort Sequence

- *Primary* - RID number, ascending

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

### Detailed Field Definitions

RID	Member identification number
Member Name	Member name: last, first, middle initial
Recoup Reason/Date	Valid values: 1—Date medical assistance eligibility ended/Date 2—Policy termination date/Date 3—Medicare start date/Date 4—MCO start date/Date
Last Premium Payment Date	Date of last HIPP premium payment
Check No	Check number of last HIPP premium payment

Amount Paid	Amount of last HIPP premium payment
Schedule	Frequency schedule of premium payments for this Policy: <ul style="list-style-type: none"><li>– Monthly</li><li>– Quarterly</li><li>– Semiannually</li><li>– Annually</li></ul>
Total Premiums Paid Since Term/Start Date	Total amount of premiums paid since HIPP eligibility potentially ended
Summary:	
Total Paid In Premiums After Term/Start Date	Total premiums paid for all members reported since HIPP eligibility potentially ended
Total Members	Total number of members reported in reporting month

Report: TPL-0040-W

Process:

Location:

IndianaAIM

HIPP Members for Potential Premium Recoupment

DATE: MM/DD/CCYY

PAGE: XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

RID	RECOUP REASON/DATE	LAST PREMIUM	CHECK NO	SCHEDULE	TOTAL PREMIUMS PAID	
MEMBER NAME		1-MA ELIG TERM DATE		PAYMENT DATE	AMT PAID	SINCE TERM/START DATE
		2-POLICY TERM DATE				
		3-MEDICARE START DATE				
	4-MCO START DATE					
999999999999		9-YYYY/MM/DD		YYYY/MM/DD	999999999	XX \$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					\$9,999.99	
999999999999		9-YYYY/MM/DD		YYYY/MM/DD	999999999	XX \$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					\$9,999.99	
999999999999		9-YYYY/MM/DD		YYYY/MM/DD	999999999	XX \$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					\$9,999.99	
999999999999		9-YYYY/MM/DD		YYYY/MM/DD	999999999	XX \$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					\$9,999.99	
999999999999		9-YYYY/MM/DD		YYYY/MM/DD	999999999	XX \$99,999.99
XXXXXXXXXXXXXXXXXXXXXXXXXXXX					\$9,999.99	

**SUMMARY**

TOTAL PAID IN PREMIUMS AFTER TERM/START DATE:

\$999,999.99

TOTAL MEMBERS:

9,999

END OF REPORT





## TPL-0042-Q HIPP Cost-Effectiveness-Quarterly Analysis

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0042-Q		HIPP Cost-Effectiveness-Quarterly Analysis

### Description of Information

The HIPP Cost-Effectiveness-Quarterly Analysis Report provides an overview of the activity and potential cost savings impact of the HIPP Program.

### Purpose

The HIPP Cost-Effectiveness-Quarterly Analysis Report is used by IFSSA and EDS to monitor the overall cost-effectiveness and cost impact of HIPP quarterly.

### Sort Sequence

N/A

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Quarterly
IFSSA	Paper/CRLD	1	Quarterly

### Detailed Field Definitions

Total No New HIPP Policies Entered

Total number of new HIPP policies entered into the system for the quarter for initial cost-effectiveness determination

Total No New HIPP Policies Determined Cost-Effective

Of the new HIPP policies entered, those determined to be cost-effective

Total HIPP Policies In Effect

Total number of HIPP policies in effect at quarter end

Total Members Avg Annual Ma Expenditures From HIPP Calculations

From Average Annual Expenditure on HIPP Premium Payment window, the average annual expenditures for all active HIPP members. (This is from the Average Expenditure Matrix in the HIPP Calculation window.)

Total Policy Annual Purchase Cost x 2

From HIPP Calculation window, the total of all active members' annual policy purchase cost, multiplied by two.

Potential Cost Savings

The calculation of: the total members average annual expenditures, minus the total policy annual purchase cost, multiplied by two, equals the potential cost savings

Report: TPL-0042-Q

Process:

Location:

**IndianaAIM****HIPP Cost-effectiveness - Quarterly Analysis**

DATE: MM/DD/CCYY

PAGE: XXXX

PERIOD: MM/DD/CCYY - MM/DD/CCYY

TOTAL NO. NEW HIPP POLICIES ENTERED

9,999

TOTAL NO. NEW HIPP POLICIES DETERMINED COST-EFFECTIVE

9,999

TOTAL HIPP POLICIES IN EFFECT

999,999

TOTAL MEMBERS AVG ANNUAL MA EXPENDITURES FROM HIPP CALCULATIONS

\$999,999.99

TOTAL POLICY ANNUAL PURCHASE COST X 2

\$999,999.99

POTENTIAL COST SAVINGS

\$999,999,999.99

END OF REPORT  
NO DATA THIS REPORT

## TPL-0043-M Provider Paid By Insurance

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0043-M		Provider Paid By Insurance

### Description of Information

This report is system-generated monthly. The report provides a list of providers paid by an insurance company and may need to refund the Medicaid program. The providers are identified and reported when a denial code of 58-provider previously paid, is entered in the TPL A/R Disposition Detail window.

### Purpose

This report enables a specialist to research and verify that a provider reimbursed Medicaid for services billed to an insurance company. If reimbursement is not made, a Medicaid reimbursement letter is generated and forwarded to the provider requesting reimbursement for those services.

### Sort Sequence

- *Primary* - Provider name

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

Provider Name	Provider name who was reimbursed by insurance
Provider Address	Provider address
Provider Ph. No.	Provider phone number
Carrier Name	Name of the carrier billed
Carrier No.	Number of the carrier billed
Dates Of Service	Dates of services for those claims billed to that insurance carrier

Report: TPL-0043-M

Process:

Location:

IndianaAIM

PROVIDER PAID BY INSURANCE

PERIOD: MM/DD/CCYY - MM/DD/CCYY

DATE: MM/DD/CCYY

PAGE: XXXX

PROVIDER NAME: XX  
ADDRESS # 1: XX  
XX  
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX  
PHONE NUMBER: (XXX)XXX-XXXX  
CARRIER NAME: XX  
CARRIER NO.: XXXXXXXX  
DATES OF SERVICE: XXXX/XX/XX XXXX/XX/XX

PROVIDER NAME: XX  
ADDRESS # 1: XX  
XX  
XXXXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX  
PHONE NUMBER: (XXX)XXX-XXXX  
CARRIER NAME: XX  
CARRIER NO.: XXXXXXXX  
DATES OF SERVICE: XXXX/XX/XX XXXX/XX/XX

## TPL-0044-W HIPP Policies for Follow-up

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0044-W		HIPP Policies for Follow-up

### Description of Information

This report is system-generated weekly. The report provides a list of HIPP policies requiring additional research or information prior to purchasing a policy. The policies are identified and reported when a reason code – *10-further verification required* is entered on the HIPP Calculation window.

### Purpose

This report enables the specialist to follow-up on the previously sent letter requesting policy information and verification.

### Sort Sequence

- *Primary* - Member name

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Member Name	Name of the Medicaid member
RID No.	Member identification number assigned by ICES
Carrier No./Employer No.	The number assigned to a specific carrier who provides the potential HIPP policy
Carrier/Employer Name	The name of a specific carrier or employer who provides the potential HIPP policy
Policy No.	The potential HIPP policy number

Report: TPL-0044-W  
Process:  
Location:

**IndianaAIM**  
**HIPP POLICIES FOR FOLLOW-UP**

DATE: MM/DD/CCYY  
PAGE: XXXX  
PERIOD: MM/DD/CCYY - MM/DD/CCYY

**MEMBER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**RID NO.:** XXXXXXXXXXXXX  
**CARRIER/EMPLOYER NO.:** XXXXXXXX  
**CARRIER/EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**POLICY NO.:** XXXXXXXXXXXXXXXX

**MEMBER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**RID NO.:** XXXXXXXXXXXXX  
**CARRIER/EMPLOYER NO.:** XXXXXXXX  
**CARRIER/EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**POLICY NO.:** XXXXXXXXXXXXXXXX

**MEMBER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**RID NO.:** XXXXXXXXXXXXX  
**CARRIER/EMPLOYER NO.:** XXXXXXXX  
**CARRIER/EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**POLICY NO.:** XXXXXXXXXXXXXXXX

**MEMBER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**RID NO.:** XXXXXXXXXXXXX  
**CARRIER/EMPLOYER NO.:** XXXXXXXX  
**CARRIER/EMPLOYER NAME:** XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
**POLICY NO.:** XXXXXXXXXXXXXXXX

*END OF REPORT*

**TPL-0045-M Member Spenddown Counted as TPL Collections**

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0045-M		Member Spenddown Counted as TPL Collections

***Description of Information***

**\*\*This report is currently in SME review. 12/27/00**





## TPL-0090-W TPL ICES Transaction Review Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0090-W		TPL ICES Transaction Review Report

### Description of Information

The TPL ICES Transaction Review Report is a paper report used to manually review any information delivered to EDS via the ICES file. If the information is valid, a TPL analyst manually updates the database via the IndianaAIM screens. If the information is invalid, it is ignored.

### Purpose

The report is used to review all ICES transactions that might overwrite any information already updated by HMS or other systems.

### Sort Sequence

Primary – RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

### Detailed Field Definitions

RID	Member identification number assigned by ICES
Member Name	Member's name
Originated By	Origin code description of the group that created the TPL information
Updated By	Origin code description of the group that last updated the TPL information
Last Change Date	Date when the TPL information was last updated
Carrier Num	Number assigned to a specific insurance carrier
Policy Number	Number assigned to a specific policy
Group Number	Group number portion of the policy
Policy Eff Date	Effective date of the policy
Policy End Date	End date of the policy
Policy Holder SSN	Social Security Number of the policyholder

Rel Code	Relationship code of the policyholder
Court Ordered	Type of court-ordered insurance that must be provided by an absent parent
Coverage Codes	Coverage type code for a TPL resource
Policy Holder Name	Policyholder's name
Policy Holder Address	Policyholder's address

REPORT: TPL-0090-W

PROCESS: XXXXXXXX

LOCATION: XXXXXXXX

IndianaAIM

TPL ICES TRANSACTION REVIEW REPORT

CYCLE DATE: MM/DD/CCYY

RUN DATE: MM/DD/CCYY

RUN TIME: HH:MM:SS

NUM PAGE: 9999999

\*\*\*\*\*

RID: XXXXXXXXXXXX

MEMBER:XXXXXXXXXXXXXXXXX, XXXXXXXXXXXXXXX X

PREVIOUS INFORMATION: ORIGINATED BY:XXXXXXXXXXXXXXXXXXXXX    UPDATED BY:XXXXXXXXXXXXXXXXXXXXX    LAST CHANGE DATE:    CCYY/MM/DD

ICES UPDATE INFORMATION:

CARRIER NUM	POLICY NUMBER	GROUP NUMBER	POLICY EFF DATE	POLICY END DATE	POLICY HOLDER SSN	REL CODE	COURT ORDERED	COVERAGE CODES
-----	-----	-----	-----	-----	-----	-----	-----	-----
XXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXX	MM/DD/CCYY	MM/DD/CCYY	999887777	X	X	XXXXXXXXXX

POLICY HOLDER NAME XXXXXXXXXXXXXXX XXXXXXXXXXXXXXX X

POLICY HOLDER ADDRESS: XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXX XX 9999 - 9999

-----

NO DATA THIS REPORT  
END OF REPORT



## TPL-0091-W Accounts Receivable Update Error Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0091-W		Accounts Receivable Update Error Report

### Description of Information

The Accounts Receivable Error Report is a paper report of monies received from other insurance carriers. This report is used to detect any information that is invalid or inconsistent with the information on the HMS Resource File.

A brief message explaining the errors and the action taken to correct the errors will be indicated on this report.

### Purpose

The Accounts Receivable Error Report is used by TPL to track any inconsistencies that may occur in the report.

### Sort Sequence

- *Primary* - Transaction code
- *Secondary* - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper/CRLD	1	Weekly

### Detailed Field Definitions

Field In Error	Field where an error is indicated on the HMS tape
Field Value	Value passed from HMS
Message	Brief description of why an add, delete or an update did not take place
Action Taken	Action taken on the record
Txn	Add, delete or update the transaction entered
RID	Member's full name (last name, first name, MI)
Name	Name of the Medicaid member
Carrier Number	Number assigned to a specific insurance carrier
A/R Number	Number assigned to the claim that is billed to the carrier
Cash Control Number	Eleven-digit financial number assigned to identify transactions

REPORT: TPL-0091-W  
PROCESS: TPLJW0031  
LOCATION: TPLB0500

IndianaAIM  
HMS ACCOUNT RECEIVABLE UPDATE ERROR REPORT

RUN DATE: ##/##/####  
TIME RUN: ##:##:##  
PAGE NUM: XXXX

FIELD IN ERROR	FIELD VALUE	MESSAGE	ACTION TAKEN
TXN XXX RID	XXXXXXXXXXXXXX	NAME XXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX CARRIER XXXXXXXX ACCOUNT RECV XXXXXXXXXXXXXXXX CASH CONTROL NUMBER XXXXXXXXXXXXXXXX	
***** ERROR ON CASH CONTROL NUMBER ***** XXXXXXXXXXXXXXXX			
XXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXX XX XXXXXXXXXXXXXXXXXXXX			

NO DATA THIS REPORT  
END OF REPORT

## TPL-0092-W HMS Update/Maintenance Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0092-W		HMS Update/Maintenance Report

### Description of Information

The HMS Maintenance Report is a paper report, which keeps track of any changes made to the TPL Resource File.

### Purpose

This report keeps track of updates, deletions, or additions that are made to the TPL Resource File.

### Sort Sequence

- Primary - Transaction number
- Secondary - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

TXN	Add, delete, or update the transaction entered
RID Number	Member Identification number assigned by ICES
Member Last Name	Member's last name
Member First Name	Member's first name.
Member Middle Initial	Member's middle initial
Carrier Code Number	Number assigned to a specific insurance carrier
Policy Number	Member's insurance policy number

Report: TPL-0092-M  
Process: TPLJM172  
Location: TPLB0020

IndianaAIM  
HMS Update Report

Run Date: mm/dd/ccyy  
Time Run: hh:mm:ss  
Page Num: 9999

<u>TXN ID</u>	<u>MEDICAID ID</u>	<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>MI</u>	<u>CARRIER CODE</u>	<u>POLICY NUMBER</u>
XXX	XXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXX	X	XXXXXXX	XXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXXXXXX		
			End of Report			
			No Data This Report			



## TPL-0093-M HMS/TPL Error Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0093-M		HMS/TPL Error Report

### Description of Information

The HMS/TPL Error Report is a paper report of daily updates to the resource file from HMS.

This report lists additions, deletions, and any updates that HMS has transmitted but not accepted into the IndianaAIM Database. A brief message explaining each error and the action taken is indicated on this report. These transactions must be corrected so the appropriate action may be taken.

### Purpose

The TPL Unit uses this report to identify the potential areas requiring further research and resolution.

### Sort Sequence

- Primary - Transaction code
- Secondary - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

Field In Error	Field where an error is indicated on the HMS tape
Field Value	The value that was passed from HMS
Message	Brief description of why an add, delete or an update did not take
Action Taken	Action taken upon the record
Txn	Add, delete or update the transaction entered
RID	Member's full name (last name, first name, MI)
Carrier Number	Number assigned to a specific insurance carrier
Policy Number	Member insurance policy number
Group Number	Number assigned to the group

Effective Date	Date the policy went into effect
Policyholder Name	The name assigned to the policy.
Employer Name	Name of the employer associated with the policy
Employer Address	Address of the employer associated with the policy
HMS Effective Date	Date effective through HMS
HMS Coverage Codes	Coverage codes used by HMS

Run Date: mm/dd/ccyy  
Time Run: hh:mm:ss  
Page Num: 9999



## TPL-0094-M TPL Employer Updates from HMS

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0094-M		TPL Employer Updates from HMS

### Description of Information

The HMS Employer Report is a paper copy of the member employer updates generated from HMS. This report is used by the EDS TPL Unit to research and update the TPL Employer Table in the TPL Subsystem.

### Purpose

The TPL Employer Updates from the HMS report is used by the TPL Unit to add or update the Employer Table in the TPL Subsystem. Upon verification, the Employer number is added to the member's TPL Detail Resource Window at the policy level.

### Sort Sequence

- *Primary* - RID number, ascending order
- *Secondary* - Carrier number/policy number, ascending order

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

RID Number	Member identification number assigned by ICES
Carrier Number	Number assigned to a specific insurance carrier
Policy Number	Insurance policy number
Policyholder SSN	Social security number of the policyholder
Policyholder Name	Name of the policyholder
Employer Name	Name of the employer associated with the policy
Employer Address	Address of the employer associated with the policy

Report: TPL-0094-M

IndianaAIM

Run Date: mm/dd/ccyy

Process: TPLJM172

TPL Employer Updates From HMS

Run Time: hh:mm:ss

Location: TPLB0005

Page Num: 9999

RID        CARRIER NUMBER/    POLICY HOLDER SSN/ EMPLOYER NAME/

POLICY NUMBER        POLICY HOLDER NAME        EMPLOYER ADDRESS

999999999999    9999999999999999    XX

9999999999999999    XX    XX

XXX

XXXXXXXXXXXXXXXXXXXX XX

99999 9999

NO DATA THIS REPORT

END OF REPORT

## TPL-0095-W Billing Summary Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0095-W		Billing Summary Report

### Description of Information

The Billing Summary Report reflects the totals of claims billed and paid by the health care carrier.

### Purpose

This report is used by EDS as an audit trail of billing activity.

### Sort Sequence

- *Primary* - Carrier number
- *Secondary* - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Summary By Carrier	Name of the header on the report
Carrier Number	Number assigned to a specific insurance carrier
Total Claims Billed	Total number of claims billed to the carrier
Total Charges Submitted	Total of charges submitted to the carrier
Summary Of Billing	Name of the header on the report
Total Carriers Billed	Total number of carriers billed
Total Claims Billed	Total number of claims billed to the carrier
Total Charges Submitted	Total amount submitted to the carrier

REPORT: TPL-0095-W  
PROCESS: TPLJW031  
LOCATION: TPLB0505

IndianaAIM  
HMS BILLING SUMMARY REPORT

RUN DATE: MM/DD/CCYY  
TIME RUN: HH:MM:SS  
PAGE NUM: 9999

SUMMARY BY CARRIER

CARRIER NUMBER	TOTAL CLAIMS BILLED	TOTAL CHARGES SUBMITTED
XXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX

SUMMARY OF BILLING

TOTAL CARRIERS BILLED	TOTAL CLAIMS BILLED	TOTAL CHARGES SUBMITTED
XXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXX

END OF REPORT  
NO DATA THIS REPORT



## TPL-0096-W Billing Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0096-W		Billing Report

### Description of Information

The HMS Billed Report is used for actual accountability of claims sent to Health Management Systems (HMS).

### Purpose

This report is used to track the payment activity submitted by the carrier.

### Sort Sequence

- *Primary* - Carrier number/employer number
- *Secondary* - RID number

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Reference ICN	Internal control number of claim
Provider Number	Number of provider submitting claims for payment
Accounts Receivable Amount	Dollar Amount of collections for TPL
Claim Paid Amount	Amount Medicaid paid for the claim
Date Billed	Date the claim was billed to Medicaid
Claim Type	Type of claim billed to the carrier
HFCA 1500	Health Care Financing Administration approved form used for billing professional services
UB-92	Uniform-92 Standard institutional claim form
Drug	Health Care Financing Administration approved form for the billing and dispensing of pharmacy services and prescriptions
Dental	American Dental Association approved form for billing of dental services

## HEALTH MANAGEMENT SERVICES BILLED REPORT

PERIOD:

CARRIER#: XXXXXXXX

RID#: XXXXXXXXXXXXX

ICN#: XXXXXXXXXXXXX

CLAIM TYPE	PROVIDER#	ACCTS. RCV. AMT.	PAID AMT. DATE
BILLED			

XXXXXX	XXXXXXXXXX	\$999999.99	\$999999.99
--------	------------	-------------	-------------

CCYY/MM/DD

CLAIM TYPE	PROVIDER#	ACCTS. RCV. AMT.	PAID AMT. DATE
BILLED			

XXXXXX	XXXXXXXXXX	\$999999.99	\$999999.99
--------	------------	-------------	-------------

CCYY/MM/DD

CLAIM TYPE	PROVIDER#	ACCTS. RCV. AMT.	PAID AMT. DATE
BILLED			

XXXXXX	XXXXXXXXXX	\$999999.99	\$999999.99
--------	------------	-------------	-------------

CCYY/MM/DD

END OF REPORT

## TPL-0097-W Claims Extract Summary

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0097-W		Claims Extract Summary

### Description of Information

The Claims Extract Summary Report is a paper copy to monitor and to track claim payments that go to Health Management Systems (HMS).

### Purpose

This report is used to track the number of claims sent to HMS for possible insurance payments using the appropriate claim types, such as CMS-1500, Dental, Drug, and UB-92 claim forms.

### Sort Sequence

- *Primary* - Total number of claims
- *Secondary* - Total billed amount
- *Tertiary* - Total paid amount

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

#### Claim types:

HCFA-1500

Health Care Financing Administration approved claim form used for billing professional services

UB-92

Uniform 92 Standard institutional claim form

Drug

CMS approved claim form for the billing and dispensing of pharmacy prescription services

Dental

American Dental Association claim form for billing of dental services

Total Claims Billed

Total number of unduplicated claims billed to the carrier

Total Of Submitted Charges

Total of provider-submitted charges billed to carrier

Total Of Claims Paid

Total of paid claims billed to the carrier

# CLAIMS EXTRACT SUMMARY REPORT

PERIOD: MM/DD/CCYY

CLAIM TYPE	TOTAL # OF CLAIMS TO HMS	TOTAL BILLED AMOUNT TO CARRIER	TOTAL PAID AMOUNT
XXXXX	999999	\$999999.99	\$999999.99

## TPL-0098-W Paid Accounts Receivable Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0098-W		Paid Accounts Receivable Report

### Description of Information

The HMS Accounts Receivable Report is generated monthly to track paid accounts receivable.

### Purpose

The purpose of this report is to track the accounts receivable paid by insurance carriers.

### Sort Sequence

- *Primary* - Cash control number (CCN)
- *Secondary* - Carrier

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Cash Control Number	Financial control number assigned to uniquely identify transactions as to the date of deposit into the State Lockbox.CCN Range = Year, Julian Date, Batch Range, and Sequence Number
Carrier Number	Number assigned to a specific insurance company
Account Receivable Number	13-digit number that identifies an A/R, which consists of region, year, Julian date, batch and sequence range (60, 97, 221, 323, 000)
Reference ICN Number	Identifying number assigned to a specific paper electronic claim
Submitted Charge	Charge submitted to the carrier
Paid Amount	Amount paid by the carrier.
Date Paid	Date payment made to the carrier
Payment Reason Code	Indicates whether the claim paid in full, partially paid, or no payment made
Subtotal Per Carrier	Subtotal of charges to carrier

Summary By CCN	Report header
Total Claims Paid	Total number of claims paid to the carrier
Total Billed Amount	Total amount billed to the carrier
Total Paid Amount	Total amount paid by the carrier
Summary Of Paid Accounts Receivable	Report header
Grand Total Claims Paid	Grand total of claims paid by carrier
Grand Total Billed Amount	Grand total amount billed by the carrier
Grand Total Paid Amount	Grand total amount paid by the carrier
Amount Billed	Submitted charges billed
Amount Paid	Amount paid by carrier
Date Paid	Date Medicaid paid the claim
Reason Payment Codes	Indicates whether the claim payment was in full, partially paid, or no payment made

**Reason Codes**

Reason Code	Reason Description
10	Claim Paid in Full
11	Paid to Policy Limit
12	Overpaid
13	Additional Funds Received
18	Money Refunded to Carrier
20	Default Posting at RID
21	Default Posting at RID w/FDOS
22	Default Posting at Carrier
23	Default Posting at Carrier w/FDOS
24	Claim has been adjusted–Adjustment Bill
25	Claim has been Excluded from Rebilling
26	Claim Systematically Closed–No Answer to Billing
50	No Reason Identified
51	Policy Terminated
52	Service Benefits Exhausted
53	Annual Service Benefits Exhausted
54	Pre-Existing Condition
55	Invalid/Missing Data–Carrier
56	Deductible Etc. Not Met
57	Benefits Paid by Other Policy
58	Provider Previously Paid
59	Other Entity Paid
60	Diagnosis or Procedure Not Covered
61	Prescription not covered under this Plan
62	Prescription Card Only–No Reimbursement
63	Duplicate Charges Previously Considered
64	Member Not Covered Under this Policy
65	Charges Incurred Prior to Coverage Effective Date
66	Past Filing Limit
67	Provider is Out of this Plan

REPORT: TPL-0098-W  
PROCESS: TPLJW031  
LOCATION: TPLB0510

IndianaAIM  
HMS PAID ACCT RECV REPORT

RUN DATE: MM/DD/CCYY  
TIME RUN: HH:MM:SS  
PAGE NUM: 9999

CCN: 99999999999

CARRIER NO.: 9999999

ACCT RECV	REFERENCE ICN	SUBM. CHG.	PAID AMT.	DATE PAID	PAYMENT REASON CODE
99999999999999	99999999999999	99999999999999	99999999999999	MM/DD/CCYY XX	

CARRIER NO.: 9999999

ACCT RECV	REFERENCE ICN	SUBM. CHG.	PAID AMT.	DATE PAID	PAYMENT REASON CODE
99999999999999	99999999999999	99999999999999	99999999999999	MM/DD/CCYY XX	

SUBTOTAL PER CARRIER:



REPORT: TPL-0098-W  
PROCESS: TPLJW014  
LOCATION: TPLB0510

IndianaAIM  
HMS PAID ACCT RECV REPORT

RUN DATE: MM/DD/CCYY  
TIME RUN: HH:MM:SS  
PAGE NUM: 9999

## SUMMARY BY CCN

CASH CONTROL NUMBER	TOTAL CLAIMS PAID	TOTAL BILLED AMOUNT	TOTAL PAID AMOUNT
9999999999	9999999999	99999999999999.99	99999999999999.99

## SUMMARY OF PAID ACCOUNT RECEIVABLES

GRAND TOTAL CLAIMS PAID	GRAND TOTAL BILLED AMOUNT	GRAND TOTAL PAID AMOUNT
9999999999	999999999.99	999999999.99

END OF REPORT

NO DATA THIS REPORT



## TPL-0099-W HMS Denial of Payment Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0099-W		HMS Denial of Payment Report

### Description of Information

The HMS Denial of Payment Report is a paper report used to track accountability of denied accounts receivable by insurance carriers.

### Purpose

This report gives reasons of denial by carriers.

### Sort Sequence

- *Primary* - Carrier

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

Carrier Number	Number assigned to a specific insurance carrier
Account Receivable	13-digit number that identifies an A/R, which consists of region, year, Julian date, batch number, and sequence (60#, 97#, 221#, 323#, 000)
Reference ICN Number	Identifying number assigned to a specific paper or electronic claim
Denial Date	Date the payment was denied by the carrier
Denial Reason Code	Indicates denial reason
Submitted Charge	Charges submitted to carrier
Subtotal Per Carrier	Subtotal of charges by carrier
Summary Of Denied Account Receivable	Name of the header on the report
Total Claims Denied	Total number of claims denied by carrier
Total Account Receivable Amount	Total amount denied by carrier

**Reason Codes**

Reason Code	Reason Description
10	Claim Paid in Full
11	Paid to Policy Limit
12	Overpaid
13	Additional Funds Received
18	Money Refunded to Carrier
20	Default Posting at RID
21	Default Posting at RID w/FDOS
22	Default Posting at Carrier
23	Default Posting at Carrier w/FDOS
24	Claim has been Adjusted–Adjustment Bill
25	Claim has been Excluded from Rebilling
26	Claim Systematically Closed–No Answer to Billing
50	No Reason Identified
51	Policy Terminated
52	Service Benefits Exhausted
53	Annual Service Benefits Exhausted
54	Pre-Existing Condition
55	Invalid/Missing Data–Carrier
56	Deductible Etc. Not Met
57	Benefits Paid by Other Policy
58	Provider Previously Paid
59	Other Entity Paid
60	Diagnosis or Procedure Not Covered
61	Prescription Not Covered Under this Plan
62	Prescription Card Only–No Reimbursement
63	Duplicate Charges Previously Considered
64	Member Not Covered Under this Policy
65	Charges Incurred Prior to Coverage Effective Date
66	Past Filing Limit
67	Provider is Out of this Plan

REPORT: TPL-0099-W  
PROCESS: TPLJW014  
LOCATION: TPLF0003

IndianaAIM  
HMS DENIED ACCT RECV REPORT

RUN DATE: MM/DD/CCYY  
PAGE NUM: 9999

CARRIER NO.: 9999999

ACCT RECV	REFERENCE ICN	DATE DENIED	DENIAL REASON CODE	SUBM. CHG.
99999999999999	99999999999999	MM/DD/YY	XX	\$99999.99

SUBTOTAL PER CARRIER: \$99999.99

#### SUMMARY OF DENIED ACCOUNT RECEIVABLES

TOTAL CLAIMS DENIED	TOTAL ACCT RECV AMT
999	\$99999.99

END OF REPORT



## TPL-0100-W HMS Check Receipt File

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0100-W		HMS Check Receipt File

### Description of Information

The HMS Check Receipt File Report is a paper report, which details daily receipts in the HMS Indiana lockbox.

### Purpose

This report is used by EDS to complete bank reconciliation from the HMS lockbox.

### Sort Sequence

- *Primary* - Cash control number (CCN)

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Weekly

### Detailed Field Definitions

CCN Number

Financial control number assigned to uniquely identify transactions with the date of deposit into the State Lockbox. CCN Range = Year, Julian date, Batch range, and Sequence number

Carriers Name

Name of the insurance carrier

Check Date

Date of issuance by the carrier

Check Number

Nine-digit number on check

Check Amount

Amount paid by the carrier

Report: TPL-0100-W

IndianaAIM  
HMS CHECK RECEIPT FILE REPORT

Date:

CCN#	CARRIER NAME	CHECK DATE	CHECK NUMBER	CHECK AMT.
9999999999	XXXXXXXXXXXXXXXXXX		CCYY/MM/DD 9999999	\$99999999.99
9999999999	XXXXXXXXXXXXXXXXXX		CCYY/MM/DD 9999999	\$99999999.99
9999999999	XXXXXXXXXXXXXXXXXX		CCYY/MM/DD 9999999	\$99999999.99
9999999999	XXXXXXXXXXXXXXXXXX		CCYY/MM/DD 9999999	\$99999999.99

END OF REPORT



## TPL-0101-M HMS/TPL Merge Error Report

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	TPL-0101-M		HMS/TPL Merge Error Report

### Description of Information

The HMS/TPL Merge Error Report is a paper report that shows information received from HMS.

### Purpose

This report combines coverage codes on the member's policy.

### Sort Sequence

- *Primary* - Member ID number (RID)

### Distribution

To	Media	Copies	Frequency
EDS	Paper	1	Monthly

### Detailed Field Definitions

Field In Error	Field where an error is indicated on the HMS tape
Field Value	Value that was passed from HMS
Message	Brief description of why an add, delete, or an update did not take place
Action Taken	Action taken on the record.
Txn	Add, delete, or update the transaction entered
RID	Member's full name (last name, first name, MI)
Name	Name of the member
Carrier Number	Number assigned to a specific insurance carrier
Policy Number	Member's insurance policy number
Group Number	Number assigned to a group policy
Effective Date	Date the policy went into effect
Policyholder	Name of the policyholder
Employer	Name of the employer associated with the policy
Employer Address	Address of the employer associated with the policy
Coverage Codes	Describes the coverage on the policy
Effective/End Dates	Effective or termination dates of the policy

REPORT: TPL-0101-M  
PROCESS: TPLJM171  
LOCATION: TPLB0405

IndianaAIM  
HMS TPL MERGE ERROR REPORT

RUN DATE: MM/DD/CCYY  
TIME RUN: HH:MM:SS  
PAGE NUM: 9999

FIELD IN ERROR FIELD VALUE MESSAGE ACTION TAKEN

TXN XXX RID 999999999999 NAME XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX CARRIER XXXXXXXX POLICY XXXXXXXXXXXXXXXXXXXX  
GROUP NUMBER XXXXXXXXXXXXXXXXXXXX EFFECTIVE DATE XXXXXXXXXXXX XXXXXXXXXXXX  
POLICY HOLDER XXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXX XX XX 99999 9999  
EMP XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX EMP ADDRESS XX  
EMP ADDR 2 XX XX 99999 9999  
COV CODE EFF/END DATES X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX  
X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX  
X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX X XXXXXXXXXXXX XXXXXXXXXXXX  
  
XXXXXXXXXXXXXXXXXXXX XXX

NO DATA THIS REPORT  
END OF REPORT

## TPL-0105-D Birth Expenditure Requests by County

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	CRLD ID: TPL-0105-D	TPLJD008	Birth Expenditure Requests by County

### Description of Information

This report serves two functions. First, the report lists the number of birth expenditure requests successfully submitted for each county on a daily basis. Second, any errors that prevented the birth expenditure documents from being created are listed on the report.

### Purpose

The TPL department can track how many birth expenditure requests were successfully submitted and if any requests were in error.

### Sort Sequence

The first section is sorted by County name in ascending order. The error section is sorted by Request ID in ascending order.

### Distribution

To	Media	Copies	Frequency
TPL Supervisor	CRLD	0	Daily
Nicole Love at mail stop MS07 at the state office building. This report must be attached to form flash reports TPLBE1, TPLBE2, TPLBE3, and TPLBE4, which are printed from the same job.	Hardcopy	1	Daily

### Detailed Field Definitions

Period	Report lists requests submitted for the period date
County	County name
Requests	Total number of requests submitted by county for one day
Paid Amount	Total Medicaid paid amount for the birth expenditure requests submitted by county for one day
Total Requests	Total number of requests submitted by all counties for one day
Total Paid Amount	Total Medicaid paid amount for the birth expenditure requests submitted by all counties for one day

Counties Submitting Birth Expenditure Requests	Total number of counties that submitted birth expenditures requests for one day
Request ID	Unique number assigned to each birth expenditure request
Medicaid ID	Member's Medicaid ID
Member Name	Member's name
Error Message	Message describing why the request is in error
Paid Amount	Medicaid paid amount for the request
Total Paid Amount	Total Medicaid paid amount for the birth expenditure requests in error
Number of Requests in Error	Total number of requests in error
Number of Requests Completed	Total number of requests completed for the day

Library Reference Number: SYAP10005  
Revision Date: March 2004  
Version: 3.0



## TPL-0106-M Birth Expenditure Requests by Clerk ID

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	CRLD ID: TPL-0106-M	TPLJM600	Birth Expenditure Requests by Clerk ID

### Description of Information

This report lists the clerks that have submitted birth expenditure requests for the month.

### Purpose

The TPL department can track how many birth expenditure requests are being submitted for each clerk on a monthly basis. The department can adjust how many clerks will be required to complete birth expenditure requests.

### Sort Sequence

The report is sorted by clerk ID in ascending order.

### Distribution

To	Media	Copies	Frequency
TPL Supervisor	CRLD	0	Monthly

### Detailed Field Definitions

Period	Reporting period is from the first day of the month to the last day of the month
USER ID	User ID of the person who submitted the request
USER NAME	Name of the person who submitted the request
REQUESTS	Total number of requests submitted by a person for one month
PAID AMOUNT	Total Medicaid paid amount for the birth expenditure requests submitted by a person for one month
TOTAL REQUESTS	Total number of requests submitted by all users for one month
TOTAL PAID AMOUNT	Total Medicaid paid amount for the birth expenditure requests submitted by all users for one month

REPORT:	TPL-0106-M	IndianaAIM	Run Date:	MM/DD/CCYY
PROCESS:	TPLJM600	Birth Expenditure Requests by Clerk ID	RUN TIME:	HH:MM
LOCATION:	TPLPM001	Period CCYY/MM	PAGE NUM:	Z,ZZ9

USER ID	USER NAME	REQUESTS	PAID AMOUNT
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$,\$\$9.99
XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$,\$\$9.99
TOTAL		ZZZ,ZZ9	\$\$\$,\$\$\$,\$\$9.99

END OF REPORT



## TPL-0107-M Birth Expenditure Requests by County

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	CRLD ID: TPL-0107-M	TPLJM600	Birth Expenditure Requests by County

### Description of Information

This report lists the counties that have submitted birth expenditure requests for the month.

### Purpose

The TPL department can track the number of birth expenditure requests being submitted for each county monthly. The department can adjust how many clerks will be required to complete birth expenditure requests. Indiana requires these statistics to track potential revenue.

### Sort Sequence

The report is sorted by county name in ascending order.

### Distribution

To	Media	Copies	Frequency
TPL Supervisor	CRLD	0	Monthly

### Detailed Field Definitions

Period	Reporting period from the first day to the last day of the month
County	County name
Requests	Total number of requests submitted by county for one month
Paid Amount	Total Medicaid paid amount for the birth expenditure requests submitted by county for one month
Total Requests	Total number of requests submitted by all counties for one month
Total Paid Amount	Total Medicaid paid amount for the birth expenditure requests submitted by all counties for one month
Counties Submitting Birth Expenditure Requests	Total number of counties that submitted birth expenditures requests for one month
Monthly Average Submitted by County	Average number of requests submitted by county for one month

REPORT: TPL-0107-M  
 PROCESS: TPLJM600  
 LOCATION: TPLPM002

IndianaAIM  
 Birth Expenditure Requests by County  
 Period CCYY/MM

Run Date: MM/DD/CCYY  
 RUN TIME: HH:MM  
 PAGE NUM: Z,ZZ9

COUNTY	REQUESTS	PAID AMOUNT
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
TOTAL	ZZZ,ZZ8	\$\$\$,\$\$\$, \$\$9.9

REPORT: TPL-0107-M  
 PROCESS: TPLJM600  
 LOCATION: TPLPM002

IndianaAIM  
 Birth Expenditure Requests by County  
 Period CCYY/MM

Run Date: MM/DD/CCYY  
 RUN TIME: HH:MM  
 PAGE NUM: Z,ZZ9

Counties Submitting Birth Expenditure RecZZ9

Total Paid Amount: \$\$\$,\$\$\$, \$\$9.99  
 Total Number of Requests: ZZZ,ZZ9  
 Monthly Average Submitted by County: ZZ,ZZ9

#### TOP FIVE COUNTIES

COUNTY	REQUESTS	PAID AMOUNT
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99
XXXXXXXXXXXXX	ZZ,ZZ9	\$\$,\$\$\$, \$\$9.99

END OF REPORT

## TPLBE1 Birth Expenditure RBMC Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	Form flash id TPLBE1	TPLJD008	Birth Expenditure RBMC Letter

### Description of Information

A birth expenditure letter informing the requestor the member did not have paid birth expenditure claims because the member may have belonged to a risk-based managed care organization.

### Purpose

The letter is to inform the county prosecutor of the member's status.

### Sort Sequence

None

### Distribution

To	Media	Copies	Frequency
Nicole Love at mailstop MS07 at the State office building. Form flash reports TPLBE1, TPLBE2, TPLBE3, and TPLBE4, and report Id TPL-0105-D are printed from the same job and must be sent together	Hard copy using form flash	1	Daily

### Detailed Field Definitions

Date	Date the letter was created
Name of Office	County prosecutor office name
Requestor Name	County prosecutor who requested the birth expenditure request
Street1	Requestor's street address line one
Street2	Requestor's street address line two
City, State, Zip Code	Requestor's city, state, ZIP code
Member Name	Member's name who was requested
Member RID	Member's Medicaid ID
Dates of Service	Start and end dates to select paid claim data
Request Number	Unique number assigned to this request

[DATE]

[NAME OF OFFICE]

[REQUESTOR NAME]

[STREET1]

[STREET2]

[CITY, STATE, ZIP CODE]

RE:     Member:                   [MEMBER NAME]  
       Member RID:               [MEMBER RID]  
       Date of Service(s):       [DATES OF SERVICE]  
       Request Number:           [REQUEST NUMBER]

Dear [REQUESTOR NAME]:

EDS received your request regarding claims related to birth expenses paid by the Indiana Health Coverage Program (IHCP) for [MEMBER NAME].

During the date of service(s) requested, the above member was enrolled in the Risk Based Managed Care (RBMC) health service delivery system. Under RBMC, the managed care organization (MCO), is paid a monthly capitation rate per member. Therefore, EDS is not able to provide you with the dollars paid, if any, for this member.

Should you have any additional questions, please contact us at 800-457-4510 (non-local and contiguous states) or (317) 488-5055 (local).

Sincerely,

Birth Expenditure Analyst  
EDS Third Party Liability

P.O. Box 7262  
Indianapolis, IN   46207-7262

## TPLBE2 Birth Expenditure Claims Not Paid Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	Form flash id TPLBE2	TPLJD008	Birth Expenditure Claims Not Paid Letter

### Description of Information

This is a birth expenditure letter informing the requestor the member did not have paid birth expenditure claims for the child's date of birth that was entered or the member was not found in IndianaAIM.

### Purpose

The letter is to inform the county prosecutor of the member's status.

### Sort Sequence

None

### Distribution

To	Media	Copies	Frequency
Nicole Love at mailstop MS07 at the State office building. Form flash reports TPLBE1, TPLBE2, TPLBE3, and TPLBE4, and report Id TPL-0105-D are printed from the same job and must be sent together.	Hard copy using form flash	1	Daily

### Detailed Field Definitions

Date	Date the letter was created
Name of Office	County prosecutor office name
Requestor Name	County prosecutor who requested the birth expenditure request
Street1	Requestor's street address line one
Street2	Requestor's street address line two
City, State, Zip Code	Requestor's city, state, ZIP code
Member Name	Member's name who was requested
Member RID	Member's Medicaid ID
Request Number	Unique number assigned to this request

[DATE]

[NAME OF OFFICE]

[REQUESTOR NAME]

[STREET1]

[STREET2]

[CITY, STATE, ZIP CODE]

RE:     Member:             [MEMBER NAME]  
       Member RID:         [MEMBER RID]  
       Request Number: [REQUEST NUMBER]

Dear [REQUESTOR NAME]:

EDS received and reviewed your request regarding claims related to birth expenses paid by the Indiana Health Coverage Program (IHCP) for [MEMBER NAME].

The IHCP has not paid any birth-related claims related for the above member.

Please be advised that Federal Law permits the provider of the medical services one year from the date of service in which to file an IHCP claim. Therefore, if claims are paid after the date of this letter, reimbursement could be due to the IHCP.

Thank you for your time and consideration regarding this case. Should you have any questions, please contact our office at 800-457-4510 (non-local and contiguous states) or (317) 488-5046 (local).

Sincerely,

Birth Expenditure Analyst  
EDS Third Party Liability

P.O. Box 7262  
Indianapolis, IN 46207-7262

## TPLBE3 Birth Expenditure Paid Claims Letter

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	Form flash id TPLBE3	TPLJD008	Birth Expenditure Paid Claims Letter

### Description of Information

This is a birth expenditure letter informing the requestor the member had paid birth expenditure claims for the child's date of birth that was entered.

### Purpose

The letter is to inform the county prosecutor of the member's status.

### Sort Sequence

None

### Distribution

To	Media	Copies	Frequency
Nicole Love at mailstop MS07 at the State office building. Form flash reports TPLBE1, TPLBE2, TPLBE3, and TPLBE4, and report Id TPL-0105-D are printed from the same job and must be sent together.	Hard copy using form flash	1	Daily

### Detailed Field Definitions

Date	Date the letter was created
Name of Office	County prosecutor office name
Requestor Name	County prosecutor who requested the birth expenditure request
Street1	Requestor's street address line one
Street2	Requestor's street address line two
City, State, Zip Code	Requestor's city, state, ZIP code
Member Name	Member's name who was requested
Member RID	Member's Medicaid ID
Dates of Service	Start and end dates to select paid claim data.

Paid Amount	Total amount Medicaid paid for the birth expenditure claims found in the Dates of Service range. This amount must match the <b>Net Paid by Indiana Health Coverage Programs</b> amount on the <i>Itemization of Indiana Medicaid Program Birth Expenditures</i> report.
Request Number	Unique number assigned to this request
Date of Report	Date the <i>Itemization of Indiana Medicaid Program Birth Expenditures</i> report was created



[DATE]

[NAME OF OFFICE]

[REQUESTOR NAME]

[STREET1]

[STREET2]

[CITY, STATE, ZIP CODE]

RE:     Member:                   [MEMBER NAME]  
       Member RID:               [MEMBER RID]  
       Date of Service(s):       [DATES OF SERVICE]  
       Paid Amount:               [PAID AMOUNT]  
       Request Number:           [REQUEST NUMBER]

Dear [REQUESTOR NAME]:

EDS received and reviewed your request regarding claims related to birth expenses paid by the Indiana Health Coverage Program (IHCP) for [MEMBER NAME].

As defined in IC 31-14-17-1, birth-related medical costs are associated with prenatal care, delivery, hospitalization, and postnatal care, and are identified by the International Classification of Diseases 9<sup>th</sup> Revision Clinical Modification codes (ICD-9-CM diagnosis codes) billed on the claim form.

The attached report identifies all of the birth-related claims paid by Indiana Health Coverage Program (IHCP) as of [DATE OF REPORT]. The report only lists birth-related claims that have been paid to date. Please be advised that Federal Law permits the provider of medical services one year from the date of service in which to file an IHCP claim. Therefore, the amount shown may not represent the final amount of reimbursement due to the IHCP.

Should you have any additional questions, please contact us at 800-457-4510 (non-local and contiguous states) or (317) 488-5055 (local).

Sincerely,

Birth Expenditure Analyst  
EDS Third Party Liability

P.O. Box 7262  
Indianapolis, IN 46207-7262



## TPLBE4 Itemization of Indiana Medicaid Program Birth Expenditures

Functional Area	Report Number	Job Name	Report Title
Third Party Liability	Form flash id TPLBE4	TPLJD008	Itemization of Indiana Medicaid Program Birth Expenditures

### Description of Information

This report lists the pregnancy-related Medicaid claims for a mother or the newborn-related Medicaid claims for a child.

### Purpose

The report documents Medicaid claims paid by Indiana for pregnancy-related or newborn-related charges. County prosecutors will use this document in the court of law with the intent of requiring the mother's significant other to reimburse the State for paid Medicaid claims.

### Sort Sequence

The claim data is sorted by dates of service in ascending order.

### Distribution

To	Media	Copies	Frequency
Nicole Love at mailstop MS07 at the State office building. Form flash reports TPLBE1, TPLBE2, TPLBE3, and TPLBE4, and report Id TPL-0105-D are printed from the same job and must be sent together.	Hard copy using form flash	1	Daily

### Detailed Field Definitions

To	County prosecutor's office that is requesting the birth expenditure information. The requestors name, county prosecutor office name, address, and telephone number are listed.
Mother's Name	Birth mother's first and last name
Mother's Social Security Number	Mother's Social Security number
Child's Name	Child's first and last name
Child's Social Security Number	Child's Social Security number
Child's Date of Birth	Child's date of birth
Date	Date the report was created

Request Number	Unique number assigned to this request
Itemization For	Name of the mother or child whose claim data is listed in the report
Dates of Service	Start and end date of a claim
Procedure	Procedure description for the service provided. For inpatient claims only one line of detail is listed and the description is <b>Birth Related Hospital Stay</b> . Pharmacy claims have the NDC description. All other claim types have all the detail lines listed.
Diagnosis	Diagnosis code and description is listed
Paid Amount	Depending on the claim type, the allowed amount or paid amount is displayed
Care Type	Describes the care received. The mother may have <b>Prenatal</b> for before birth, <b>Delivery</b> for during labor and delivery, <b>Postnatal</b> for after birth, or <b>Inpt-Hosp</b> for inpatient hospital stay that is not related to the delivery. The child may have <b>Delivery</b> for delivery, <b>Newborn</b> for after birth, or <b>Inpt-Hosp</b> for inpatient hospital stay that is not related to the delivery.
Provider	Name of the service provider appears in this field. This field includes physicians and facilities.
Total Allowed Amount	Total paid amount from the detail lines of the report
Third Party Liability and Copayments	Total of all of the <b>other insurance</b> payments. It also includes any out-of-pocket expense the member has incurred. All payments made to the IHCP are subtracted from the <b>Total Allowed Amount</b> field.
Net Paid by Indiana Health Coverage Programs	Total Allowed Amount – Third Party Liability and Copayments. This field represents the payment amount received by the service providers from the IHCP.
Submitted by	Health analyst responsible for birth expenditures who prepared the itemization. This should only appear on the last page of the report.
Date	Date the document was completed and signed for mailing. This should only appear on the last page of the report.

TO: XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXX, XX XXXXX-XXXX (999) 999-9999 Ext. 9999		FROM: Indiana Medicaid Program Birth Expenditure Unit PO Box 7262 Indianapolis, IN 46207-7262 Telephone: 1-800-457-4510 (317) 488-5046 Fax Number: (317) 488-5217			
Mother's Name: XXXXXXXXXXXXXXXXXXXX					
Mother's Social Security Number: 999999999		Date: MM/DD/CCYY			
Child's Name: XXXXXXXXXXXXXXXXXXXX		Itemization For: XXXXXXXXXXXXXXXXXXXX			
Child's Social Security Number: 999999999		Request Number: 999999999			
Child's Date of Birth: MM/DD/CCYY					
DATES OF SERVICE		PROCEDURE	PAID	CARE	
From	To	DIAGNOSIS	AMOUNT	TYPE	PROVIDER
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
MM/DD/YY	MM/DD/YY	XXXXXXXXXXXXXXXXXXXXX XXXXXXXXXXXXXXXXXXXXX	\$, \$\$\$, \$9.99	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXXXX
		Total Allowed Amount:	\$, \$\$\$, \$9.99		
		Third Party Liability	(\$\$\$, \$9.99)		
		and Copayments:			
		Net Paid by Indiana	\$, \$\$\$, \$9.99		
		Health Coverage			
		Programs:			
Submitted by _____ Date: _____					